

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

4/1

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-12-2004 90685 022 ****61.25

DOCUMENT # 725516			
1. Entity Name DELRAY BEACH CLUB APARTMENT ASSOCIATION, INC.			
Principal Place of Business 2000 SOUTH OCEAN BLVD. DELRAY BEACH FL 33483		Mailing Address 2000 SOUTH OCEAN BLVD. DELRAY BEACH FL 33483	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent DAGHER, JOSEPH M 98 SE 6TH AVE STE 2 DELRAY BCH. FL 33483		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	



MOORE CR2E037 (11/03)

4. FEI Number 52-0981595	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	S	☒ Delete	TITLE	VPT	☒ Change ☐ Addition
NAME	COTHARIN, LINDA		NAME	William D. CARTER	
STREET ADDRESS	2000 S OCEAN BLVD		STREET ADDRESS	2000 S. Ocean Blvd., #505	
CITY-ST-ZIP	DELRAY BEACH FL 33483		CITY-ST-ZIP	Delray Beach, FL 33483	
TITLE	D	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	MARLEY, ROBERT		NAME		
STREET ADDRESS	2000 S OCEAN BLVD #203		STREET ADDRESS		
CITY-ST-ZIP	DELRAY BEACH FL 33483		CITY-ST-ZIP		
TITLE	D	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	HEALY-GOLEMBE, PATRICIA		NAME		
STREET ADDRESS	2000 S OCEAN BLVD		STREET ADDRESS		
CITY-ST-ZIP	DELRAY BEACH FL 33483		CITY-ST-ZIP		
TITLE	S	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	FITZGIBBONS, ELEANOR K		NAME		
STREET ADDRESS	2000 S OCEAN BLVD		STREET ADDRESS		
CITY-ST-ZIP	DELRAY BEACH FL 33483		CITY-ST-ZIP		
TITLE	P	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	LIERLE, NANCY		NAME		
STREET ADDRESS	2000 S OCEAN BLVD Y-9		STREET ADDRESS		
CITY-ST-ZIP	DELRAY BEACH FL 33483		CITY-ST-ZIP		
TITLE	VPT	☒ Delete	TITLE		☐ Change ☐ Addition
NAME	FRISBIE, RICHARD		NAME		
STREET ADDRESS	2000 S. OCEAN BLVD., #306		STREET ADDRESS		
CITY-ST-ZIP	DELRAY BEACH FL 33483		CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/26/04

561-278-8181