## 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## **DOCUMENT # 725516**

1. Entity Name



**FILED** Mar 31, 2003 8:00 am Secretary of State

03-31-2003 90318 014 \*\*\*\*61.25

DELRAY I	BEACH CLUB APARTMENT A	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 F	Place of Business	3. Mailing Address						
<u>'</u>					90) BIIO) BI(81 (1818 BII) BIEII BIBII I	ASBAL BSOM OU	TITA MINITE FORE	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			CHECK HERE IF MAKING (	CHANGES		
City & State		City & State		4. FEI Number 5	4. FEI Number <b>52-0981595</b>		pplied For ot Applicable	
Zip Country		Zip	Zip Country				8.75 Additional	
	6. Name and Address of Current	Registered Agent		7. Name and Add	iress of New Registered Ag			
To the second of			~~~~ Mame⊬	Name of the first of the second of the secon				
Dagher 98 Se 6t	, JOSEPH M TH AVE		Street A	Address (P.O. Box Number is 1	P.O. Box Number is Not Acceptable)			
STE 2								
DELRAY	BCH. FL 33483		City		FL	Zip Coc	le	
	e named entity submits this statement for	or the purpose of changing its re	egistered office o	r registered agent, or both, in	the State of Florida. I am fa-	miliar with,	and accept	
the obligat	tions of registered agent.				$\mathcal{L}$			
SIGNATURE*	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: I	Registered Agent signal	ture required when reinstating)	MAC 07	200	· <u>3                                    </u>	
FILE NOW: FEE IS \$61.25  9. Election Car Trust Fund C				\$5.00 May Be Added to Fees	Make Check Florida Departn			
10.	OFFICERS AND DI		11.	ADDITIONS/CHANG	ES TO OFFICERS AND DIRE			
TITLE - NAME	S   Cotharin, Linda	Delete	TITLE NAME	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1		Change	Addition	
STREET ADDRESS	2000 S OCEAN BLVD		STREET ADDRESS				,	
CITY-ST-ZIP	DELRAY BEACH FL 33483		CITY-ST-ZIP	<u> مر <del></del> مر</u>				
TITLE	D	☐ Delete	TITLE	1.	!	Change	☐ Addition	
NAME STREET ADDRESS	MARLEY, ROBERT 2000 S OCEAN BLVD #203		NAME Street Address					
CITY-ST-ZIP	DELRAY BEACH FL 33483		CITY-ST-ZIP					
TITLE	VPTO	Delete Delete	TITLE	5	E	Change	Addition ~	
NAME	HEALY-GOLEMBE, PATRICIA		NAME	Director	4	XX -		
STREET ADDRESS	2000 S OCEAN BLVD		STREET ADDRESS					
CITY-ST-ZIP	DELRAY BEACH FL 33483		CITY-ST-ZIP			<u> </u>		
TITLE NAME	FITZGIBBONS, ELEANOR K	☐ Delete	TITLE NAME	Secretary	1	<b>X</b> Change	☐ Addition	
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 CITY-ST-ZIP	2000 S OCEAN BLVD Y-9 DELRAY BEACH FL 33483	•	STREET ADDRESS CITY-ST-ZIP					
TITLE	DELIVAT DEACHT FE 33403	Delete	TITLE	VD/Mmcca	1	Change	XX Addition	
NAME		LI Delete	NAME	VP/Treas.		onange	AM Addition	
STREET ADDRESS			STREET ADDRESS	Frisbie, Ric. 2000 S Ocean				
CITY-ST-ZIP			CITY-ST-ZIP	Delray Beach				
	The second of th				,			

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: