

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra S. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 726829 (5)

1. Corporation Name

DELRAY DUNES GARDEN VILLAS, INC.

**APPROVED
AND
FILED**

95 APR 19 AM 8:06

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

Principal Place of Business

**DELRAY DUNES GARDEN VILLA #11
BOYNTON BEACH FL 33436-5502**

Mailing Address

**DELRAY DUNES GARDEN VILLA #11
BOYNTON BEACH FL 33436-5502**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **06/28/1973** 3a. Date of Last Report **04/05/1994**

4. FEI Number **59-1583896** Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **\$68.75 Supplemental Fee Not Required**

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

25

Suite, Apt. #, etc.

26

City & State

27

Zip

Country

28

Zip

Country

29

Zip

Country

30

9. Name and Address of Current Registered Agent

**VAN ATTA, GERALD
DELRAY DUNES GARDEN VILLA #14
BOYNTON BEACH FL 33436**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
TD	STROHM, J. ROBERT	11 GARDEN DRIVE	BOYNTON BCH, FL 00000
TD	VAN ATTA, GERALD N.	14 GARDEN DR	BOYNTON BCH, FL 00000
D	THORPE, STEPHEN F	8 GARDEN DR	BOYNTON BCH, FL 00000
DVP	DECOURCY, CORNELIUS B.	9 GARDEN DRIVE	BOYNTON BEACH FL
SD	WOLFF, FLORENCE	2 GARDEN DRIVE	BOYNTON BEACH FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP	Change	Addition
T/D	Samuel Altdoerffer	4 Garden Drive	Boynton Beach, FL 33436	☒	☐
				☐	☐
				☒	☐
				☐	☐
				☒	☐
				☐	☐
				☒	☐
				☐	☐

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #