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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 726829

1. Corporation Name

DELRAY DUNES GARDEN VILLAS, INC.

* 472566 - 90084 - 29 *

Principal Place of Business	Mailing Address
6 GARDEN DR BOYNTON BEACH FL 33436-5502 US	6 GARDEN DR BOYNTON BEACH FL 33436-5502 US

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country 25	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30	3. Date Incorporated or Qualifed 06/28/1973 4. FEI Number 59-1583896 ☐ Applied For ☐ Not Applicable 5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
THORPE, STEPHEN F GARDEN VILLA #6 BOYNTON BEACH FL 33436	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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	TD	☒ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	ALTDOERFFER, SAMUEL		1.2 NAME		
STREET ADDRESS	4 GARDEN DRIVE		1.3 STREET ADDRESS		
CITY-ST-ZIP	BOYNTON BEACH FL 33436		1.4 CITY-ST-ZIP		
TITLE	SD	☒ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	SCHRAMM, JOAN		2.2 NAME		
STREET ADDRESS	10 GARDEN DR		2.3 STREET ADDRESS		
CITY-ST-ZIP	BOYNTON BEACH FL 33436		2.4 CITY-ST-ZIP		
TITLE	PD	☐ DELETE	3.1 TITLE	S/D	☐ Change ☒ Addition
NAME	THORPE, STEPHEN F		3.2 NAME	BARBARA THORPE	
STREET ADDRESS	6 GARDEN DR		3.3 STREET ADDRESS	6 GARDEN DRIVE	
CITY-ST-ZIP	BOYNTON BEACH FL 33436		3.4 CITY-ST-ZIP	BOYNTON BEACH, FL 33436	
TITLE	VPD	☐ DELETE	4.1 TITLE	D	☐ Change ☒ Addition
NAME	ORRISON, ROBERT		4.2 NAME	ROBERT STROHM	
STREET ADDRESS	1 GARDEN DR		4.3 STREET ADDRESS	11 GARDEN DRIVE	
CITY-ST-ZIP	BOYNTON BEACH FL 33436		4.4 CITY-ST-ZIP	BOYNTON BEACH, FL 33436	
TITLE	VPD	☒ DELETE	5.1 TITLE	D	☐ Change ☒ Addition
NAME	CLAUS, BERNARD F		5.2 NAME	LINCOLN ALLAN	
STREET ADDRESS	8 GARDEN DR		5.3 STREET ADDRESS	4 GARDEN DRIVE	
CITY-ST-ZIP	BOYNTON BEACH FL 33436		5.4 CITY-ST-ZIP	BOYNTON BEACH, FL 33436	
TITLE	President	☐ DELETE	6.1 TITLE	VP/D	☐ Change ☒ Addition
NAME	[signature]		6.2 NAME	NATHANIEL MACDONALD	
STREET ADDRESS	6 Garden Drive		6.3 STREET ADDRESS	15 GARDEN DRIVE	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	BOYNTON BEACH, FL 33436	

CR2E037 (11/98)

14. 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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED** [signature] 4/29/99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #