

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jan 27, 2006 08:00 A
Secretary of State**

DOCUMENT # 726829 1. Entity Name DELRAY DUNES GARDEN VILLAS, INC.	
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Principal Place of Business 11 GARDEN DR BOYNTON BEACH, FL 33436-5502 US	Mailing Address 11 GARDEN DR BOYNTON BEACH, FL 33436-5502 US
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01102006 No Chg-NP

CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FCI Number 59-1583896	Applied For Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent MCCUTCHEN, BILLIE H 11 GARDEN DRIVE BOYNTON BEACH, FL 33436

**DO NOT WRITE
IN THIS SPACE**

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 registering) DATE _____

**Filing Fee is \$61.25
Due by May 1, 2006**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HARVEY, WILLIAM 6 GARDEN DRIVE BOYNTON BEACH, FL 33436
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD MCCUTCHEN, BILLIE H 11 GARDEN DR BOYNTON BEACH, FL 33436
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD OCHS, ROBERT C JR 3 GARDEN DR. BOYNTON BEACH, FL 33436
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD MEADE, LEE 2 GARDEN DR. BOYNTON BEACH, FL 33436
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D POTTER, GREGORY 14 GARDEN DRIVE BOYNTON BEACH, FL 33436
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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02/06/06-80019-002 61.25

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Billie H. McCutchen 1-12-06 561-742-9259
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #