

**2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 16, 2009  
Secretary of State**

DOCUMENT# 726829

Entity Name: DELRAY DUNES GARDEN VILLAS, INC.

**Current Principal Place of Business:**

11 GARDEN DR  
BOYNTON BEACH, FL 334365502 US

**New Principal Place of Business:**

**Current Mailing Address:**

11 GARDEN DR  
BOYNTON BEACH, FL 334365502 US

**New Mailing Address:**

FEI Number: 59-1583896      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MCCUTCHEN, BILLIE H  
11 GARDEN DRIVE  
BOYNTON BEACH, FL 33436 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: HARVEY, WILLIAM  
Address: 6 GARDEN DRIVE  
City-St-Zip: BOYNTON BEACH, FL 33436

Title: PD ( ) Delete  
Name: MCCUTCHEN, BILLIE H  
Address: 11 GARDEN DR  
City-St-Zip: BOYNTON BEACH, FL 33436

Title: D ( ) Delete  
Name: ARPANTE, STEPHEN  
Address: 10 GARDEN DRIVE  
City-St-Zip: BOYNTON BEACH, FL 33436

Title: SD ( ) Delete  
Name: MEADE, LEE  
Address: 2 GARDEN DR.  
City-St-Zip: BOYNTON BEACH, FL 33436

Title: D ( ) Delete  
Name: POTTER, GREGORY  
Address: 14 GARDEN DRIVE  
City-St-Zip: BOYNTON BEACH, FL 33436

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BILLIE MCCUTCHEN

PRES

04/16/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date