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Jun 02 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1998

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT.# 734216

1. Corporation Name
BOYNTON - DELRAY BENEVOLENT ASSOCIATION, Inc

Principal Place of Business
ROYAL PALM CLUB HOUSE
554 GATEWAY BLVD.
BOYNTON BEACH, FL

Mailing Address
BOYNTON - DELRAY BENEVOLENT ASSO
JACK DAMPF
15244 LAKES of DELRAY BLVD
DELRAY BEACH, FL 33484

3. Date Incorporated or Qualified
OCTOBER 30, 1975

4. FEI Number 590321058 ☐ Applied For ☑ Not Applicable

2. Principal Place of Business
21

Suite, Apt. #, etc.
22

City & State
23

Zip 24 Country 25

2a. Mailing Address
26 JACK DAMPF BOYNTON DELRAY BENEVOLENT ASSO

Suite, Apt. #, etc.
27 15244 LAKES of DELRAY BLVD

City & State
28 DELRAY BEACH FL

Zip 29 33484 Country 30 WEST PALM

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. Is this nonprofit corporation a homeowners association? ☐ Yes ☑ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

BEN UDCOFF
674 SAXONY C
DELRAY BEACH, FL. 33446

10. Name and Address of New Registered Agent

81 Name: IRVING KLEINMAN
82 Street Address (P.O. Box Number is Not Acceptable): 404 NORMANDY I
83
84 City: DELRAY BEACH FL 85 Zip Code: 33446

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: IRVING KLEINMAN, SEC'Y. Irving Kleinman 3/31/98
Signature, typed or printed name of individual with authority to sign on behalf of corporation (NOTE: Registered Agent's signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PRESIDENT	☐ DELETE	11 TITLE	☐ Change ☐ Addition
NAME	GUS LEVY	D	12 NAME	
STREET ADDRESS	265 SAXONY F		13 STREET ADDRESS	
CITY-ST-ZIP	DELRAY BEACH, FL 33446		14 CITY-ST-ZIP	
TITLE	JACK KAPLAN	☐ DELETE	21 TITLE	☐ Change ☐ Addition
NAME	VICE PRESIDENT	V	22 NAME	
STREET ADDRESS	484 SAXONY K		23 STREET ADDRESS	
CITY-ST-ZIP	DELRAY BEACH, FL 33484		24 CITY-ST-ZIP	
TITLE	IRVING KLEINMAN	☐ DELETE	31 TITLE	☐ Change ☐ Addition
NAME	SEC'Y	D	32 NAME	
STREET ADDRESS	404 NORMANDY I		33 STREET ADDRESS	
CITY-ST-ZIP	DELRAY BEACH, FL 33446		34 CITY-ST-ZIP	
TITLE	JACK DAMPF	☐ DELETE	41 TITLE	☐ Change ☐ Addition
NAME	TREASURER	D	42 NAME	
STREET ADDRESS	15244 LAKES of DELRAY BLVD		43 STREET ADDRESS	
CITY-ST-ZIP	DELRAY BEACH, FL 33484		44 CITY-ST-ZIP	
TITLE		☐ DELETE	51 TITLE	☐ Change ☐ Addition
NAME			52 NAME	
STREET ADDRESS			53 STREET ADDRESS	
CITY-ST-ZIP			54 CITY-ST-ZIP	
TITLE		☐ DELETE	61 TITLE	☐ Change ☐ Addition
NAME			62 NAME	
STREET ADDRESS			63 STREET ADDRESS	
CITY-ST-ZIP			64 CITY-ST-ZIP	

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***61.25

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.

SIGNATURE: JACK DAMPF, TREASURER 3/31/98 561-498-9927
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/97)