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Feb 10 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 742131 (6)
1. Corporation Name
DEL-AIRE COUNTRY CLUB, INC.



Principal Place of Business 4645 WHITE CEDAR LANE DELRAY BCH FL 33445 US	Mailing Address 4645 WHITE CEDAR LANE DELRAY BCH FL 33445 US
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 25 Suite, Apt. #, etc. 26 City & State 27 Zip 28 Country
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3. Date Incorporated or Qualified 03/20/1978
4. FEI Number 59-1856831
Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent LEVENSON, MALCOLM 4453 WHITE CEDAR LANE DELRAY BEACH FL 33445

10. Name and Address of New Registered Agent 81 Name Robert Goldberg 82 Street Address (P.O. Box Number is Not Acceptable) 16712 Sweet Bay Drive 83 84 City Delray Bch FL 85 Zip Code 33445

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 **X** *Robert Goldberg Pres.* **1/31/98**

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	VD	<input type="checkbox"/> DELETE
NAME	GOLDBERG, ROBERT	
STREET ADDRESS	18712 SSWET BAND DRIVE	
CITY-ST-ZIP	DELRAY BEACH FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	LEVENSON, MALCOLM N	
STREET ADDRESS	4453 WHITE CEDAR LN	
CITY-ST-ZIP	DELRAY BCH FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	STEIN, MEL	
STREET ADDRESS	18828 IRONWOOD DRIVE	
CITY-ST-ZIP	DELRAY BEACH FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	HIPSEY, JACK	
STREET ADDRESS	4573 WHITE CEDAR LANE	
CITY-ST-ZIP	DELRAY BEACH FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	GOODMAN, STANLEY	
STREET ADDRESS	18940 SILVER OAK CR	
CITY-ST-ZIP	DELRAY BEACH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Robert Goldberg	
1.3 STREET ADDRESS	16712 Sweet Bay Drive	
1.4 CITY-ST-ZIP	Delray Bch FL	
2.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	} Same as #12	
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Walter Warheit	
3.3 STREET ADDRESS	16675 Sweet Bay Drive	
3.4 CITY-ST-ZIP	Delray Bch FL	
4.1 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Cole Schuster	
4.3 STREET ADDRESS	16711 Rose Apple Drive	
4.4 CITY-ST-ZIP	Delray Bch, FL	
5.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	} Same as #12	
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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 by the removal 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 in an attachment with an address.

SIGNATURE **X** *Robert Goldberg Pres.* **1/31/98** **901 499-9092**

CR2E037 (10/97)