

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 742131

FILED
Jan 06, 2009
Secretary of State

Entity Name: DEL-AIRE COUNTRY CLUB, INC.

Current Principal Place of Business:

4646 WHITE CEDAR LANE
DELRAY BCH, FL 33445 US

New Principal Place of Business:

Current Mailing Address:

4646 WHITE CEDAR LANE
DELRAY BCH, FL 33445 US

New Mailing Address:

FEI Number: 59-1856831

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MAGOD, IRA
4309 WHITE CEDAR LN
DELRAY BEACH, FL 33445 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: P () Delete
Name: MAGOD, IRA
Address: 4309 WHITE CEDAR DR.
City-St-Zip: DELRAY BEACH, FL 33445

Title: VD () Delete
Name: KHANER, HERBERT
Address: 16693 SWEET BAY DRIVE
City-St-Zip: DELRAY BEACH, FL 33445

Title: VD () Delete
Name: ELLISH, RON
Address: 16920 SILVER OAK CIR
City-St-Zip: DELRAY BEACH, FL 33445

Title: S () Delete
Name: KATZ, SUSAN
Address: 4721 TREE FERN DR
City-St-Zip: DELRAY BEACH, FL 33445

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VD (X) Change () Addition
Name: LEVENSON, MAL
Address: 4453 WHITE CEDAR
City-St-Zip: DELRAY BEACH, FL 33445

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

Title: S (X) Change () Addition
Name: WHITE, MIA
Address: 16921 ROSE APPLE DRIVE
City-St-Zip: DELRAY BEACH, FL 33445

Title: T () Change (X) Addition
Name: KAMMERMAN, STEVE
Address: 4641 TREE FERN DRIVE
City-St-Zip: DELRAY BEACH, FL 33445

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: IRA MAGOD

P

01/06/2009

Electronic Signature of Signing Officer or Director

Date