

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 FEB 27 PM 3:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 742132 (4)

1. Corporation Name

DELAIRE COUNTRY CLUB PROPERTY OWNERS' ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**4645 WHITE CEDAR LANE
DELRAY BCH FL 33445**

**4645 WHITE CEDAR LANE
DELRAY BCH FL 33445**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/20/1978

3a. Date of Last Report

04/29/1994

4. FEI Number

59-1856834

Applied For

Not Applicable

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. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

☐

**\$68.75 Supplemental
Fee Not Required**

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes

☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MILLER, LAWRENCE J
HURT, COOK, RIGGS, MEHR & MILLER, P.A.
2200 CORPORATE BLVD., N.W., SUITE 401
BOCA RATON FL 33431**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

P

NAME

WHITE, MAXWELL

STREET ADDRESS

**3799 RED MAPLE CIRCLE
DELRAY BEACH FL**

CITY - ST - ZIP

TITLE

VP

NAME

CAYNE, DANIEL

STREET ADDRESS

**18999 SILVER OAK CIR.
DELRAY BEACH FL**

CITY - ST - ZIP

TITLE

T

NAME

WEINBERGER, SAUL

STREET ADDRESS

**4409 WHITE CEDAR LANE
DELRAY BEACH FL**

CITY - ST - ZIP

TITLE

S

NAME

MEYER, JOAN

STREET ADDRESS

**4027 LIVE OAK BLVD.
DELRAY BCH. FL**

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

☐ Change ☐ Addition

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on my annual report or information 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, director of the corporation, or the owner of a trust, 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 addition report an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR

11/27/95

407-499-7070