FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1998



HORIDA DEPARTMENT OF STATE

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(4)

DELAIRE COUNTRY CLUB PROPERTY OWNERS! ASSOCIATIO

FILED Feb 13 1998 8:00am Secretary of State

N, INC.									
Principal Place of Business		Mailing Address				-	HII OLBIY DIGID GY	AN OFOIR DIEN FAUL	
4645 WHITE CEDAR LANE DELRAY BCH FL 33445		4645 WHITE CEDAR LANE DELRAY BCH FL 33445			3. Date Incorporated or Qualified 03/20/1978 4. FEI Number Applied For				
						59-1856834		Not Applicable	
2. Principal Place of Business 21		2a. Mailing Address 6			5. Certificate of Status Desired	\$8.75 Additional Fee Required			
Suite, Apt #, etc	27	Suite, Apt #, etc.				6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees		
City & State		City & State			7. Is this nonprofit corporation a homeowners association?				
Zip 25	Country 29	Zφ	Country 30			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				10. Name and Address of New Registered Agent					
			В	1	Name			, , , , , , , , , , , , , , , , , , , ,	
MILLER, LAWRENCE J HUNT, COOK, RIGGS, MEHR & MILLER, P.A. 2200 CORPORATE BLVD., N.W., SUITE 401 BOCA RATON FL 33431			B	82 Street Address (P.O. Box Number is Not Acceptable)					
			8:	3		and the state of t			
			8	4 (City		FL 85	Zip Code	
office or registered agent		da. Such change was a	authorized t	by th		oration submits this statement for the purpo on's board of directors. I hereby accept the			

(NOTE: Flugistered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE TITLE 1.1 TITLE NAME CAYNE, DANIEL 12 NAME 16969 SILVER OAK CIR. STREET ADDRESS 13 STREET ADDRESS DELRAY BEACH FL 14 CHTY-ST-ZIP CITY-ST-7IP DELETE ■ Addition 21 TITLE TITLE MEYER, JOAN NAME 22 NAME STREET ADDRESS 4027 LIVE OAK BLVD. 23 STREET ADDRESS DELRAY BCH. FL CITY-ST-ZIP 2 4 CITY-ST-ZIP DELFTE Addition 3.1 TITLE TITLE **BELL, FLORENCE** 32 NAME NAME 4325 WHITE CEDAR LANE STREET ADDRESS 3 3 STREET ADDRESS **DELRAY BEACH FL** 3 4. CITY-ST-ZIP CITY-ST-ZIP DELFTE Addition TITLE 4.1 TITLE AMES, BERTRAM 4. 2 NAME NAME 3697 RED MAPLE CIRCLE 43 STREET ADDRESS STREET ADDRESS DELRAY BEACH FL CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE Addition 5.1 TITLE TITLE NAME 52 NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP CITY - ST - 7(P DELETE 6.1 TITLE Change ■ Addition TITLE

is not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an eropowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in indicated on this annual report or supplierry officer or director of the corporation or the Block 12 or Block 13 if changed, or on an

62 NAME

6.3 STREET ADDRESS

SIGNATURE: 🗡

NAME

STREET ADDRESS

SIGNATURE

0000 PPP 10E