FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 742132

1. Corporation Name

DELAIRE COUNTRY CLUB PROPERTY OWNERS' ASSOCIATIO

Principal Place of Business 4645 WHITE CEDAR LANE

Mailing Address

4645 WHITE CEDAR LANE

Feb 17, 1999 8:00 am Secretary of State

02-17-1999 90103 007 ****61.25

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DELRAY BCH	FL 33445	DELRAY BUH FE 33445		t inderly fabli bleft finder finder frage frage broke broke broke	i Cidiy Bibix Cidiy bibix ibbi
2. Principal P	lace of Business	2a. Mailing Address		3. Date incorporated or Qualified	
21	Idoo of Doornood	26		03/20/1978	
Suite, Apt.	#. etc.	Suite, Apt. #, etc.		4. FEI Number	Applied For
22 27			59 -1856834	Not Applicable	
City & Stat	re .	City & State		5. Certificate of Status Desired	\$8.75 Additional
23		28		2. Celliforia pi Officia pesured	Fee Required
Zip	Country	Zip	Country	6. Election Campaign Financing	\$5.00 May Be
24	25		30	Trust Fund Contribution	Added to Fees
	9. Name and Address of Curren	t Registered Agent	81 Name	10. Name and Address of New Registered A	\gent
ļ			81 Name	, , , , , , , , , , , , , , , , , , ,	
MILLER, LAWRENCE J 82 St		82 Stree	t Address (P.O. Box Number is Not Acceptable)		
HUNT, COOK, RIGGS, MEHR & MILLER, P.A.					
	RPORATE BLVD., N.W., SUITE 40	1	103	• •	
BOCA RA	TON FL 33431	• •	84 City	EI	85 Zip Code
l		0 - 1 047 4500 Fl- id- 04-4-40	. 45 - 55 - 5 - 5 - 5	d corporation submits this statement for the purpose of	-handing its registered
office or i	registered agent or both in the State	of Florida. Such change was au	thonzed by the cor	poration's poard of directors, I hereby accept the appoint	milem as registered
agent. I a	m familiar with, and accept the obliga	tions of, Section 617.0503, Flori	da Statutes.		THE PROPERTY OF
SIGNATURE	Signature, typed or printed name of registered ager	Alotti-	Bealdored Agent piggetur	a required when reinstating) DATE	
12.		ID DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTORS IN 12
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	CAYNE, DANIEL		1.2 NAME	,	
STREET ADDRESS			1.3 STREET ADDRES	s	j
CITY-ST-ZIP	DELRAY BEACH FL 33445		1.4 CITY-ST-ZIP		· ·
TITLE	στ	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	GILBERT, STEPHEN		2.2 NAME		,
STREET ADDRESS	4378 WHITE CEDAR LN		23 STREET ADDRES	s	1
CITY-ST-ZIP	DELRAY BCH FL 33445		2.4 CITY-ST-ZIP	<u> </u>	
TITLE	SD	☐ OELETE	3.1 TITLE	T ·	☐ Change ☐ Addition
NAME	BELL, FLORENCE		3.2 NAME	ţ	
STREET ADDRESS	4325 WHITE CEDAR LANE		3.3 STREET ADDRES	s{	
CITY-ST-ZIP	DELRAY BEACH FL		3.4. CITY-ST-ZIP		
TITLE	VPD	DELETE	4.1 TITLE) '	☐ Change ☐ Addition
NAME	AMES, BERTRAM		4. 2 NAME	1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	aktione on sake
STREET ADDRESS	3697 RED MAPLE CIRCLE		4.3 STREET ADDRES	s	
CITY-ST-ZIP	DELRAY BEACH FL	·	4.4 CITY-ST-ZIP	13 15 15 15 15 15 15 15 15 15 15 15 15 15	
TITLE		☐ DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		Ì
STREET ADDRESS	Ì		5.3 STREET ADDRES	S	}
CITY-ST-ZIP			5.4 CITY-ST-ZIP		Clores Claude
TITLE		☐ DELETE	6.1 T/TLE		☐ Change ☐ Addition
-			6.2 NAME		
HEEET ADDRESS			6.3 STREET ADDRES	\$	

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 suppliemental 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 reviewer or tristed 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 only an adachment with an address, with all other like empowered.

SIGNATURE: