

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 742132

FILED  
Mar 24, 2009  
Secretary of State

**Entity Name:** DELAIRE COUNTRY CLUB PROPERTY OWNERS' ASSOCIATION, INC.

**Current Principal Place of Business:**

4645 WHITE CEDAR LANE  
DELRAY BCH, FL 33445

**New Principal Place of Business:**

**Current Mailing Address:**

4645 WHITE CEDAR LANE  
DELRAY BCH, FL 33445

**New Mailing Address:**

**FEI Number:** 59-1856834

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BOLWER, LARRY  
750 SOUTH DIXIE HIGHWAY J  
BOCA RATON, FL 33432 US

**Name and Address of New Registered Agent:**

SCHNER, LARRY  
750 SOUTH DIXIE HIGHWAY J  
BOCA RATON, FL 33432 US

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: LARRY SCHNER P.A.

03/24/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: NEWMAN, JAMES  
Address: 16876 RIVER BIRCH CIR  
City-St-Zip: DELRAY BEACH, FL 33445

Title: S ( ) Delete  
Name: SINGER, BARBARA  
Address: 3714 RED MAPLE CIRCLE  
City-St-Zip: DELRAY BEACH, FL 33445

Title: VD ( ) Delete  
Name: DAVIDOFF, ILA  
Address: 16940 SILVER OAK CIR  
City-St-Zip: DELRAY BEACH, FL 33445

Title: TD ( ) Delete  
Name: ROSE, GARY  
Address: 4437 WHITE CEDAR LN  
City-St-Zip: DELRAY BEACH, FL 33445

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: DAVIDOFF, ILA  
Address: 16940 SILVER OAK CIRCLE  
City-St-Zip: DELRAY BEACH, FL 33445

Title: SD (X) Change ( ) Addition  
Name: SINGER, BARBARA  
Address: 3714 RED MAPLE CIRCLE  
City-St-Zip: DELRAY BEACH, FL 33445

Title: VD (X) Change ( ) Addition  
Name: PERNICK, MICHAEL  
Address: 3700 RED MAPLE CIRCLE  
City-St-Zip: DELRAY BEACH, FL 33445

Title: TD (X) Change ( ) Addition  
Name: TAYLOR, TONI  
Address: 4680 CHERRY LAUREL LANE  
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: ILA DAVIDOFF

PD

03/24/2009

Electronic Signature of Signing Officer or Director

Date