FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY -1 AM 8:17

DOCUMENT # 747569 (2)

1. Corporation Name
DELRAY RACQUET CLUB ASSOCIATION, INC.

Principal Place of Business	Mailing Address
500 EGRET CIR. DELRAY BEACH FL 33444	500 EGRET CIR. DELRAY BEACH FL 33444

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/08/1979
3a. Date of Last Report: 04/22/1994
4. FEI Number: 59-1924245 ☐ 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. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

~~MATTHEWS, DONALD~~
~~500 EGRET CIRCLE~~
~~BLDG 0~~
~~DELRAY BEACH FL 33444~~

GELFAND & ALPE
1 CLEARLAKE CTR #1010
7750 AUSTRALIAN WAY
W. P. B, FL 33401-5017

10. Name and Address of New Registered Agent

81 Name: Michael J. Gelfand, Esq.
82 Street Address (P.O. Box Number is Not Acceptable): One Clearlake Centre, Suite 1010
83 250 S. Australian Ave.
84 City: West Palm Beach FL 85 Zip Code: 33401-5012

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] 5/18/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE	P/D	☐ Change ☒ Addition
NAME	~~MATTHEWS, DONALD~~	12 NAME	LISALOTTE FRIEDMAN	
STREET ADDRESS	~~600 EGRET CIRCLE #7306~~	13 STREET ADDRESS	7455 LINDELL BLVD	
CITY-ST-ZIP	DELRAY BEACH FL	14 CITY-ST-ZIP	DELRAY BCH, FL	
TITLE	D V.P D	21 TITLE	V/D	☒ Change ☐ Addition
NAME	GOLDSMITH, STEVE	22 NAME		
STREET ADDRESS	950 EGRET CIR #5310	23 STREET ADDRESS		
CITY-ST-ZIP	DELRAY BEACH FL	24 CITY-ST-ZIP		
TITLE	SD	31 TITLE	S/D	☐ Change ☒ Addition
NAME	~~COLUSSI, CLAUDIO~~	32 NAME		
STREET ADDRESS	~~750 EGRET CIR~~	33 STREET ADDRESS	GUNTHER NOTTHAN	
CITY-ST-ZIP	~~DELRAY BEACH FL~~	34 CITY-ST-ZIP	2455 LINDELL BLVD - DELRAY BCH	
TITLE	~~D~~	41 TITLE	D	☐ Change ☒ Addition
NAME	~~PFLEGEL, ED~~	42 NAME	HELMUT MAYER	
STREET ADDRESS	~~950 EGRET CIR. #5402~~	43 STREET ADDRESS	500 EGRET CIR	
CITY-ST-ZIP	~~DELRAY BEACH FL~~	44 CITY-ST-ZIP	DELRAY BCH, FL	
TITLE	D	51 TITLE	D	☒ Change ☐ Addition
NAME	SCOTT, TOM	52 NAME	SCOTT, TOM	
STREET ADDRESS	3837 OCLEAN DR.	53 STREET ADDRESS	4170 CEDAR CIR	
CITY-ST-ZIP	TALLAHASSEE FL	54 CITY-ST-ZIP	BOCA RATON, FL 33487	
TITLE	TD	61 TITLE		☐ Change ☐ Addition
NAME	PINE, JUNE	62 NAME		
STREET ADDRESS	450 EGRET CIRCLE #9207	63 STREET ADDRESS		
CITY-ST-ZIP	DELRAY BCH CL	64 CITY-ST-ZIP		

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)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental 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 receiver 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 attachment with an address.

SIGNATURE: June E Lane Treasurer 4/21/95 407-276-3792
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0050385