

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # 747569 (2)**

1. Corporation Name

**DELRAY RACQUET CLUB ASSOCIATION, INC.**



Principal Place of Business

**500 EGRET CIR.  
DELRAY BEACH FL 33444**

Mailing Address

**500 EGRET CIR.  
DELRAY BEACH FL 33444**

3. Date Incorporated or Qualified  
**06/08/1979**

3a. Date of Last Report  
**05/01/1995**

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number  
**59-1924245**

Applied For  
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

City & State

City & State

23

28

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

Zip

Country

Zip

Country

24

25

29

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8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**GELFAND, MICHAEL J ESQ  
ONE CLEARLAKE CENTRE STE 1010  
250 S AUSTALIAN AVE  
WEST PALM BEACH FL 33401**

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>PD</b>	<input type="checkbox"/> DELETE
NAME	<b>FRIEDMAN, LISALOTTE</b>	
STREET ADDRESS	<b>2455 LINDELL BLVD</b>	
CITY-STATE-ZIP	<b>DELRAY BEACH FL</b>	
TITLE	<b>VD</b>	<input type="checkbox"/> DELETE
NAME	<b>GOLDSMITH, STEVE</b>	
STREET ADDRESS	<b>950 EGRET CIR #5310</b>	
CITY-STATE-ZIP	<b>DELRAY BEACH FL</b>	
TITLE	<b>SD HOFFMAN</b>	<input type="checkbox"/> DELETE
NAME	<b>HOFFMAN, GUNTHER</b>	
STREET ADDRESS	<b>2455 LINDELL BLVD</b>	
CITY-STATE-ZIP	<b>DELRAY BEACH FL</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>MAYER, HELMUT</b>	
STREET ADDRESS	<b>500 EGRET CIRCLE</b>	
CITY-STATE-ZIP	<b>DELRAY BEACH FL</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>SCOTT, TOM</b>	
STREET ADDRESS	<b>4120 CEDAR CIRCLE</b>	
CITY-STATE-ZIP	<b>BOCA RATON FL</b>	
TITLE	<b>TD</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>PINE, JUNE</b>	
STREET ADDRESS	<b>450 EGRET CIRCLE #9207</b>	
CITY-STATE-ZIP	<b>DELRAY BEACH FL</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-STATE-ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-STATE-ZIP	
31 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-STATE-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-STATE-ZIP	
51 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	<b>NO CHANGE</b>
53 STREET ADDRESS	
54 CITY-STATE-ZIP	
61 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
62 NAME	<b>IRWIN GREEN</b>
63 STREET ADDRESS	<b>750 EGRET CIRCLE</b>
64 CITY-STATE-ZIP	<b>DELRAY BEACH FL 33444</b>

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 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)