FILE NOW: FILING FEE IS \$61.25

NONPROFIT **CORPORATION ANNUAL REPORT**

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS **FILED**

May 05 1997 8:00am

Secretary of State

DOCUMENT #

(2)

DELRAY RACQUET CLUB ASSOCIATION, INC.

500 EG	al Place of Business RET CIR. BEACH FL 33444	Mailing Address 500 EGRET CIR. DELRAY BEACH FL 3344	4-7912								
						}	3. Date Inco 06/0	rporated or Qualified 18/1979	3a.	Date of Last R 02/05/19	
2. Prir	cipal Place of Business	2a. Mailing Address 26	⊢ •				4. FEI Number 59-1924245				oplied For ot Applicable
22	e, Apt. #, etc.	Suite, Apt. #, etc.	27				5. Certificate	e of Status Desired	\$8.75 Additional Fee Required		
23	& State	City & State	28					Campaign Financing d Contribution		\$5.00 Added	May Be to Fees
Ζίρ 24	25	Zip 29	30 Count				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No 10. Name and Address of New Registered Agent				
	g, Name and Address of Curre	81	Name	· ··	10. Name an	a Address of New H	egistere	o Agent			
	ELFAND, MICAHEL J ESO			82			s (P.O. Box N	umber is Not Accepta	able)		
	NE CLEARLAKE CENTRE STE 1010 10 S AUSTALIAN AVE		83								
W	EST PALM EBAHC FL 33401			84	City				F	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 recoffice 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 reginagent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.									ts registered registered		
SIGNA	TURE			-							
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Register					nt signatur	e required v	when reinstating)	0.001111.050.70.055	DATE		20.11.10
12.	PD OFFICERS A	OFFICERS AND DIRECTORS 13.		T) E		T-97-7	FASO	S/CHANGES TO OFF	ICEHS AI	Change	Addition
NAME	FRIEDMAN, LISELOTTE		1.2 N/			49 N	שנו וואל	3701/59		change	ACCILION
STREET	A 400 T 1415 CT 1 C1 1 C1				ADDRESS	1 2.c	T DOT	SIMPLES PI	K.		
CITY-ST	BELDAY BEACH EL				(-SI-ZIP		LEAV	STAPLES FELAL RI BCN, 7L	<i>)</i>		
TITLE	VD					 ~~	22.12.11	NOIN, / C		Change	Addition
NAME	GOLDSMITH, STEVE		2.2 N		IAME						
STREET	DORESS 950 EGRET CIR #5310		2.3 \$		3 STREET ADDRESS						
CITY-ST			2,40	ITY - S	ST-21P						
		☐ DELETE	3.1 11	BIT THE						☐ Change	☐ Addition
NAME	HOFFMAN, GUNTHER		3,2 N	AME							
STREET A					ADDRESS						
CITY-ST TITLE	DELRAY BEACH FL	DELETE	3.4. D 4.1 Ti		-ST-ZIP					☐ Change	Addition
NAME	GREBEN, IRWIN	beter	4.1 II							change	Advition
STREET					ADDRESS						
CITY-ST		BELDAY BEACH E									
TITLE	3 FC.	DELETE		4.4 CITY-S 5.1 TITLE						Change	Addition
NAME,	NATHLEEN KE	LLEV	5,2 N	AME							
STREET	DORESS JOD EGRET C	R	5.3 S	TREET	ADDRESS						
CITY-ST		71	5.4 C	TY-S	T - ZIP						
TITLE	D ·	L. DELETE	61 TI	TLE						☐ Change	Addition
NAME	INDRESS TOD FOR PET	'L	6,2 N								
STREET	inneces The EAVET 'A	· · · · · · · · · · · · · · · · · · ·	B 3 STREET ADDRESS			1					

do 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 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.