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Apr 08 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 747569 (2)

1. Corporation Name

DELRAY RACQUET CLUB ASSOCIATION, INC.

Principal Place of Business

Mailing Address

~~500 EGRET CIR.~~ 610 EGRET CIR
DELRAY BEACH FL 33444

~~500 EGRET CIR.~~ 610 EGRET CIR
DELRAY BEACH FL 33444



2. Principal Place of Business

2a. Mailing Address

21 610 EGRET CIR

26 610 EGRET CIR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 25

29 30

9. Name and Address of Current Registered Agent

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

3. Date Incorporated or Qualified

06/08/1979

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. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30.

☐ Yes ☐ No

10. Name and Address of New Registered Agent

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 PD ☐ DELETE

NAME FRIEDMAN, LISELOTTE
STREET ADDRESS 2455 LINDELL BLVD
CITY-ST-ZIP DELRAY BEACH FL

TITLE VD ☐ DELETE

NAME ~~GELFAND, MICHAEL J~~ ELIAS, JIM
STREET ADDRESS 950 EGRET CIR #5310
CITY-ST-ZIP DELRAY BEACH FL DELRAY BCH

TITLE D ☐ DELETE

NAME HOFFMAN, GUNTHER
STREET ADDRESS 2455 LINDELL BLVD
CITY-ST-ZIP DELRAY BEACH FL

TITLE D ☐ DELETE

NAME GREBEN, IRWIN
STREET ADDRESS 750 EGRET CIR
CITY-ST-ZIP DELRAY BEACH FL

TITLE S ☒ DELETE

NAME ~~HELMUT, MAYER~~
STREET ADDRESS 500 EGRET CIR
CITY-ST-ZIP DELRAY BCH FL

TITLE D ☐ DELETE

NAME HELMUT, MAYER
STREET ADDRESS 500 EGRET CIR
CITY-ST-ZIP DELRAY BCH FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE U.P. & TREASURER ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE SECRETARY ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☒ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☒ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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 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:

LISELOTTE FRIEDMAN

Liselotte Friedman 4/1/98

CR2E037 (10/97)