


FILE NOW: FILING FEE IS \$61.25

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Apr 26, 1999 8:00 am
Secretary of State

04-26-1999 90045 016 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 747569					
1. Corporation Name DELRAY RACQUET CLUB ASSOCIATION, INC.					
Principal Place of Business 610 EGRET CIR DELRAY BEACH FL 33444 US			Mailing Address 610 EGRET CIR DELRAY BEACH FL 33444 US		



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 06/08/1979	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-1924245	
22	City & State	27	City & State	Applied For Not Applicable	
23	Zip	28	Zip	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24	Country	29	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent GELFAND, MICHAEL J ESQ ONE CLEARLAKE CENTRE STE 1010 250 S AUSTALIAN AVE WEST PALM EBAHC FL 33401				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRIEDMAN, LISELOTTE	1.2 NAME	
STREET ADDRESS	2455 LINDELL BLVD	1.3 STREET ADDRESS	
CITY-ST-ZIP	DELRAY BEACH FL	1.4 CITY-ST-ZIP	
TITLE	VPT <input type="checkbox"/> DELETE	2.1 TITLE	V. P. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ELIAS, JIM	2.2 NAME	GUNTHER, HOFFMAN
STREET ADDRESS	500 EGRET CIR	2.3 STREET ADDRESS	955 DOTTERAL RD
CITY-ST-ZIP	DELRAY BEACH FL	2.4 CITY-ST-ZIP	DELRAY BCH, FL 33444
TITLE	S <input type="checkbox"/> DELETE	3.1 TITLE	SECRETARY <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOFFMAN, GUNTHER	3.2 NAME	HERB SMITH
STREET ADDRESS	955 DOTTERAL RD	3.3 STREET ADDRESS	955 DOTTERAL RD
CITY-ST-ZIP	DELRAY BEACH FL	3.4 CITY-ST-ZIP	DELRAY BCH, FL 33444
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GREBEN, IRWIN	4.2 NAME	
STREET ADDRESS	750 EGRET CIR	4.3 STREET ADDRESS	
CITY-ST-ZIP	DELRAY BEACH FL	4.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, HERB	5.2 NAME	AMY ANSELM
STREET ADDRESS	955 DOTTERAL RD	5.3 STREET ADDRESS	750 EGRET CIR
CITY-ST-ZIP	DELRAY BCH FL	5.4 CITY-ST-ZIP	DELRAY BCH- FL 33444
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	TREASURER <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HELMUT, MAYER	6.2 NAME	HELMUT MAYER
STREET ADDRESS	5081 ALENCIA CT	6.3 STREET ADDRESS	5081 ALENCIA CT
CITY-ST-ZIP	DELRAY BCH FL	6.4 CITY-ST-ZIP	DELRAY BCH, FL

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, with all other like empowered.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/10/99

561-276-3792

Date

Daytime Phone #

CR2E037 (11/98)