

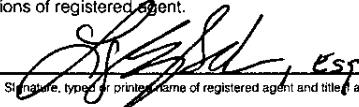
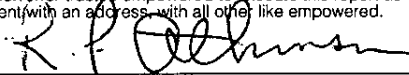


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 15, 2004 8:00 am**  
**Secretary of State**

03-15-2004 90057 019 \*\*\*\*70.00

<b>DOCUMENT # 747569</b> 1. Entity Name <b>DELRAY RACQUET CLUB ASSOCIATION, INC.</b>					
Principal Place of Business <b>610 EGRET CIR DELRAY BEACH, FL 33444 US</b>			Mailing Address <b>610 EGRET CIR DELRAY BEACH, FL 33444 US</b>		
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.		<b>24021282</b>  	
City & State  Zip      Country		City & State  Zip      Country		4. FEI Number <b>59-1924245</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent  <b>SCHNER, LARRY E ESQ. 750 S. DIXIE HIGHWAY BOCA RATON, FL 33432</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE  <b>3/11/2004</b> <small>Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2004</b>		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>OLIVER, CHARLES</b> <b>2255 LINDELL BLVD #4104</b> <b>DELRAY BEACH, FL 33444</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>President</b> <b>William McCann</b> <b>500 Egret # 8505</b> <b>Delray Beach, FL 33444</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>ATKINSON, ROBERT</b> <b>2255 LINDELL BLVD 4505</b> <b>DELRAY BEACH, FL 33444</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V. P.</b> <b>Charles Oliver</b> <b>2255 Lindell Blvd # 4104</b> <b>Delray Bch, FL 33444</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>MCCANN, BILL</b> <b>5 W. EARCT CIRCLE</b> <b>DELRAY BEACH, FL 33444</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Secretary</b> <b>Michelle Milstein</b> <b>2255 Lindell Blvd # 4508</b> <b>Delray Beach, FL 33444</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>PRIOR, LINDA</b> <b>2455 LINDELL BLVD #3410</b> <b>DELRAY BEACH, FL 33444</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Director</b> <b>Andrea Lazar</b> <b>2455 Lindell Blvd # 3203</b> <b>Delray Beach, FL 33444</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD</b> <b>MILLMAN, SID</b> <b>2255 LINDELL BLVD</b> <b>DELRAY BEACH, FL 33444</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Director</b> <b>Todd Robbins</b> <b>755 Dotterel Rd # 1207</b> <b>Delray Bch, FL 33444</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>CHABAN, LEON</b> <b>2255 LINDELL BLVD</b> <b>DELRAY BEACH, FL 33444</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Director</b> <b>Gunther Hoffman</b> <b>955 Dotterel Rd # 2507</b> <b>Delray Bch, FL 33444</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.					
<b>SIGNATURE:</b>  <b>3-10-04</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #</small>					