## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT# 747569**

**FILED** Mar 23, 2007 Secretary of State

Entity Name: DELRAY RACQUET CLUB ASSOCIATION, INC. **Current Principal Place of Business: New Principal Place of Business:** 610 EGRET CIR DELRAY BEACH, FL 33444 US **Current Mailing Address: New Mailing Address:** 610 EGRET CIR DELRAY BEACH, FL 33444 US FEI Number: 59-1924245 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: STOLOFF, SCOTT A ESQ 1818 S AUSTRALIAN AVE #400 W PALM BEACH, FL 33409 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. SIGNATURE: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: ( ) Delete (X) Change ( ) Addition MCCANN, WILLIAM W MCCANN, WILLIAM Name: Name: 500 EGRET CIRCLE, UNIT #6507 Address: 500 EGRET CIRCLE, UNIT #8505 Address: City-St-Zip: DELRAY BEACH, FL 33444 City-St-Zip: DELRAY BEACH, FL 33444 Title: () Delete Title: () Change () Addition GLESS, FREDRICK Name: Name: Address: 750 EGRET CIRCLE, UNIT #6507 Address: City-St-Zip: DELRAY BEACH, FL 33444 City-St-Zip: Title: () Delete Title: () Change () Addition ATKINSON, ROBERT Name: Name: Address: 2255 LINDELL BLVD., UNIT #4505 Address: City-St-Zip: DELRAY BEACH, FL 33444 City-St-Zip: Title: ( ) Delete Title: () Change () Addition LEARNER, RICHARD Name: Name: Address: 755 DOTTEREL RD 1511 Address: City-St-Zip: DELRAY BEACH, FL 33444 City-St-Zip: Title: ( ) Delete Title: (X) Change ( ) Addition PEURNEIAN, JIRAIR GURNEIAN, JIRAIR Name: Name: 2255 LINDELL BLVD 4310 349 COTTON WOOD LANE Address: Address: City-St-Zip: DELRAY BEACH, FL 33444 City-St-Zip: BOCA RATON, FL 33487

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM MCCANN Ρ 03/23/2007