

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90759 023 ****61.25

DOCUMENT # 747569

1. Entity 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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-1924245**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SCHNER, LARRY E ESQ.
750 S. DIXIE HIGHWAY
BOCA RATON FL 33432**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **VP** ☐ Delete
NAME **OLIVER, CHARLES**
STREET ADDRESS **2255 LINDELL BLVD #4104**
CITY-ST-ZIP **DELRAY BEACH FL 33444**

TITLE **Now Vice President** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **ATKINSON, ROBERT**
STREET ADDRESS **2255 LINDELL BLVD 4505**
CITY-ST-ZIP **DELRAY BEACH FL 33444**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **LAZAR, ANDREA**
STREET ADDRESS **2455 LINDELL BLVD**
CITY-ST-ZIP **DELRAY BEACH FL 33444**

TITLE ☐ Change ☒ Addition
NAME **Bill McLann**
STREET ADDRESS **500 Egret Circle**
CITY-ST-ZIP **DB, FL 33444**

TITLE ☐ Delete
NAME **PRIOR, LINDA**
STREET ADDRESS **2455 LINDELL BLVD #3410**
CITY-ST-ZIP **DELRAY BEACH FL 33444**

TITLE ☒ Change ☐ Addition
NAME **Now President**
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Delete
NAME **MILLMAN, SID**
STREET ADDRESS **2255 LINDELL BLVD**
CITY-ST-ZIP **DELRAY BEACH FL 33444**

TITLE ☐ Change ☒ Addition
NAME **Michelle Millstein**
STREET ADDRESS **2255 Lindeell Blvd**
CITY-ST-ZIP **DB, FL 33444**

TITLE ☒ Delete
NAME **CHABAN, LEON**
STREET ADDRESS **2255 LINDELL BLVD**
CITY-ST-ZIP **DELRAY BEACH FL 33444**

TITLE ☐ Change ☒ Addition
NAME **Joel Robbins**
STREET ADDRESS **1755 Doherty Rd**
CITY-ST-ZIP **DB, FL 33444**

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.

SIGNATURE: **S. L. PRIOR** **REQUIRED** **4/10/03**

CR2037 (10/02)