FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 752860 (7)

1. Corporation Name

DELRAY VILLAS PLAT 3 HOMEOWNERS' ASSOCIATION, IN C.

Principal Place of Business	Mailing Address
ON. INC. 5841 CONNIE BLVD. DELRAY BEACH FL 33484	ON. INC. 5841 CONNIE BLVD. DELRAY BEACH FL 33484

3. Date Incorporated or Qualified: 06/09/1980

3a. Date of Last Report: 04/10/1995

2. Principal Place of Business — 21:

2a. Mailing Address — 26:

Suite, Apt. #, etc. — 22:

Suite, Apt. #, etc. — 27:

City & State — 23:

City & State — 28:

Zip — 24: Country — 25:

Zip — 29: Country — 30:

4. FEI Number: 59-2311367 ☐ 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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

ST. JOHN, DAVID
500 AUSTRALIAN AVENUE S.
SUITE 800
WEST PALM BEACH 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	☐ DELETE	1.1 TITLE ✓	☑ Change ☐ Addition
NAME	HOUGH, JACK		1.2 NAME	
STREET ADDRESS	5772 WANDA LANE		1.3 STREET ADDRESS	
CITY-ST-ZIP	DELRAY BEACH FL		1.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	SMITH, FRANK		2.2 NAME	
STREET ADDRESS	5811 WANDA LANE		2.3 STREET ADDRESS	
CITY-ST-ZIP	DELRAY BEACH FL		2.4 CITY-ST-ZIP	
TITLE	DS	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	SULZER, JERALD		3.2 NAME	
STREET ADDRESS	14616 LUCY DR		3.3 STREET ADDRESS	
CITY-ST-ZIP	DELRAY BCH. FL		3.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	GURNEY, HAROLD		4.2 NAME	
STREET ADDRESS	5814 DORIS COURT		4.3 STREET ADDRESS	
CITY-ST-ZIP	DELRAY BEACH FL		4.4 CITY-ST-ZIP	
TITLE	DP	☐ DELETE	5.1 TITLE	☑ Change ☐ Addition
NAME	MORRIS, LEBOWITZ		5.2 NAME	
STREET ADDRESS	14680 LUCY DR		5.3 STREET ADDRESS	
CITY-ST-ZIP	DELRAY BEACH FL		5.4 CITY-ST-ZIP	
TITLE	DT	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	MONROE, JERRY		6.2 NAME	
STREET ADDRESS	5743 DORIS COURT		6.3 STREET ADDRESS	
CITY-ST-ZIP	DELRAY BEACH FL		6.4 CITY-ST-ZIP	

CR2E037 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Jerry Monroe JERRY MONROE TREA. 1/23/96 407-498-4336
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #