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Jan 23 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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 33484-8536

3. Date Incorporated or Qualified: 06/09/1980
3a. Date of Last Report: 01/29/1996

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
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	V	☐ DELETE	1.1 TITLE	PRES D	☑ Change ☑ Addition
NAME	HOUGH, JACK		1.2 NAME	ABELSKY, GEORGE	
STREET ADDRESS	5772 WANDA LANE		1.3 STREET ADDRESS	14589 LUCY DR	
CITY-ST-ZIP	DELRAY BEACH FL		1.4 CITY-ST-ZIP	DELRAY BEACH, FL 33484	
TITLE	D	☐ DELETE	2.1 TITLE	TREAS	☐ Change ☑ Addition
NAME	SMITH, FRANK		2.2 NAME	PORTNOY, RUTH	
STREET ADDRESS	5811 WANDA LANE		2.3 STREET ADDRESS	14757 EDNA WAY	
CITY-ST-ZIP	DELRAY BEACH FL		2.4 CITY-ST-ZIP	DELRAY BEACH, FL 33484	
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	D	☐ 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 (9/96)

14. I do 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.

SIGNATURE: RUTH E. PORTNOY TREAS Ruth E. Portnoy 1/9/97 (561) 496-4290
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0044905