FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 22, 1999 8:00 am
Secretary of State
02-22-1999 90145 042 ****61.25

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DOCUMENT # 752860

1. Corporation Name

DELRAY VILLAS PLAT 3 HOMEOWNERS' ASSOCIATION, IN C.

98734 - 90145 - 42

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

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 06/09/1980
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2311367 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

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	T D	☐ DELETE	1.1 TITLE	D	☐ Change ☑ Addition
NAME	PORTNOY, RUTH E		1.2 NAME	MEYER POSNER	
STREET ADDRESS	14757 EDNA WAY		1.3 STREET ADDRESS	14561 LUCY DR	
CITY-ST-ZIP	DELRAY BCH FL 33484		1.4 CITY-ST-ZIP	DELRAY BEACH, FL 33484	
TITLE	D	☐ DELETE	2.1 TITLE	D	☐ Change ☑ Addition
NAME	SMITH, FRANK		2.2 NAME	LEE BONDER	
STREET ADDRESS	5811 WANDA LANE		2.3 STREET ADDRESS	14606 LUCY DR	
CITY-ST-ZIP	DELRAY BEACH FL		2.4 CITY-ST-ZIP	DELRAY BEACH, FL 33484	
TITLE	VPD	☐ DELETE	3.1 TITLE	D	☐ Change ☑ Addition
NAME	SULZER, JERALD		3.2 NAME	ARTHUR BOUZIANIS	
STREET ADDRESS	14616 LUCY DR		3.3 STREET ADDRESS	5799 WANDA LA	
CITY-ST-ZIP	DELRAY BCH. FL		3.4. CITY-ST-ZIP	DELRAY BEACH, FL 33484	
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~~ SECTY	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	COHEN, ROSLYN		5.2 NAME		
STREET ADDRESS	14585 LUCY DR		5.3 STREET ADDRESS		
CITY-ST-ZIP	DELRAY BEACH FL		5.4 CITY-ST-ZIP		
TITLE	P	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	ABELSKY, GEORGE		6.2 NAME		
STREET ADDRESS	14589 LUCY DR		6.3 STREET ADDRESS		
CITY-ST-ZIP	DELRAY BEACH FL		6.4 CITY-ST-ZIP		

CR2E037 (11/98)

14. 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 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, with all other like empowered.

SIGNATURE: ~~Cecilia Rodriguez~~ SIGNATURE REQUIRED 1/5/99 (561)496-4290
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #