

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # 752860

1. Corporation Name

DELRAY VILLAS PLAT 3 HOMEOWNERS' ASSOCIATION, IN
C.

Principal Place of Business

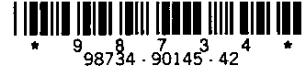
ON. INC.
5841 CONNIE BLVD.
DELRAY BEACH FL 33484

Mailing Address

ON. INC.
5841 CONNIE BLVD.
DELRAY BEACH FL 33484

FILED
Feb 22, 1999 8:00 am
Secretary of State

02-22-1999 90145 042 ****61.25



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

06/09/1980

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

59-2311367

Applied For

Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

23 Zip Country

28 Zip Country

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ST. JOHN, DAVID
500 AUSTRALIAN AVENUE S.
SUITE 800
WEST PALM BEACH FL 33401

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

T D
NAME PORTNOY, RUTH E
STREET ADDRESS 14757 EDNA WAY
CITY-ST-ZIP DELRAY BCH FL 33484

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
D MEYER POSNER
14566 LUCY DR
DELRAY BEACH, FL 33484

D
NAME SMITH, FRANK
STREET ADDRESS 5811 WANDA LANE
CITY-ST-ZIP DELRAY BEACH FL

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
P LEE BENDER
14606 LUCY DR
DELRAY BEACH, FL 33484

VPD
NAME SULZER, JERALD
STREET ADDRESS 14616 LUCY DR
CITY-ST-ZIP DELRAY BCH. FL

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
D ARTHUR BOUZIANIS
5799 WANDA LA
DELRAY BEACH, FL 33484

D
NAME GURNEY, HAROLD
STREET ADDRESS 5814 DORIS COURT
CITY-ST-ZIP DELRAY BEACH FL

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

S
NAME COHEN, ROSLYN
STREET ADDRESS 14585 LUCY DR
CITY-ST-ZIP DELRAY BEACH FL

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

P
NAME ABELSKY, GEORGE
STREET ADDRESS 14589 LUCY DR
CITY-ST-ZIP DELRAY BEACH FL

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/5/99

(561) 496-4290

CR2E037 (1/198)