## 2004 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT (AR)**

## Aug 02, 2004 8:00 am Secretary of State **DOCUMENT # 752860** 1. Entity Name 08-02-2004 90016 003 \*\*\*\*61.25 DELRAY VILLAS PLAT 3 HOMEOWNERS' ASSOCIATION, Principal Place of Business 4-------Mailing Address 5841 CONNIE BLVD. DELRAY BEACH FL 33484 ON, INC. 5841 CONNIE BLVD. **DELRAY BEACH FL 33484** 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E037 (4/04) MOORE 4. FEI Number Applied For City & State City & State 59-2311367 Not Applicable Zip Country Zio Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GERSTEIN, JOSHUA G Street Address (P.O. Box Number is Not Acceptable) 1515 N FEDERAL HWY SUITE 300 **BOCA RATON FL 33432** 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** DATE Signature, typed or printed name of registered agent and little if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Trust Fund Contribution. Florida Department of State Due By September 8, 2004 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. OFFICERS AND DIRECTORS 10. Director ☐ Change X Addition TITLE Delete TITLE belo Ki WACHTEL, HINDA NAME Drene 14535 CANDY WAY STREET ADDRESS STREET ADDRESS 33484 DELRAY BCH FL 33484 CITY-ST-ZIP CITY-ST-ZIP ☐ Change M Addition ☐ Delete TITLE TITLE nk amal SANDOWSKY, BERNARD NAME NAME 14530 CANDY WAY 7 Edna STREET ADDRESS STREET ADDRESS DELRAY BEACH FL 33484 CITY-ST-ZIP CITY-ST-ZIP Change Delete TITLE TITLE BRAUSE, DONALD NAME NAME 5755 DORIS COURT STREET ADDRESS STREET ADDRESS **DELRAY BEACH FL 33484** CITY-ST-7IP CITY-ST-ZIP \_\_\_ Change Delete TITLE TITLE WEINBERG, WILLIAM ack Parker NAME NAME 81 Wanda 5769 WANDA LANE STREET ADDRESS STREET ADDRESS **DELRAY BEACH FL 33484** CITY-ST-ZIP CITY - ST-7IP ☐ Delete TITLE TITLE COHEN, ROSLYN NAME NAME 14585 LUCY DR STREET ADDRESS STREET ADDRESS DELRAY BEACH FL CITY-ST-7IP CITY-ST-ZIP ☐ Addition Delete TITLE TITLE BERMAN, RHODA NAME 14570 CANDY WAY STREET ADDRESS STREET ADDRESS **DELRAY BEACH FL 33484** CITY-ST-ZIP CITY-ST-ZIP 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.

FILED

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