## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

## Mar 27, 2006 8:00 am Secretary of State **DOCUMENT # 752860** 1. Entity Name 03-27-2006 90260 010 \*\*\*\*61.25 DELRAY VILLAS PLAT 3 HOMEOWNERS' ASSOCIATION, Principal Place of Business Mailing Address 5841 CONNIE BLVD. ON, INC. 5841 CONNIE BLVD. **DELRAY BEACH FL 33484** DELRAY BEACH FL 33484 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/05) City & State City & State 4. FEI Number Applied For 59-2311367 Not Applicable Zio Country 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Trust Fund Contribution. Due By May 1, 2006 Added to Fees Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS ☐ Defete TITLE THUE Change Addition WILLIAM CAUSEY MARRON, HAROLD NAME 14615 LUCY DRIVE STREET ADDRESS STREET ADDRESS 81 3344 DELRAY BEACH FL 33484 DELRAY Box CITY-SI-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change JERROLD Goldman SANDOWSKY, BERNARD MAME NAME 14777 EdNA, WA 14530 CANDY WAY STREET ADDRESS STREET ADDRESS DelRay Bch 33484 DELRAY BEACH FL 33484 CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Delete TITLE Change TITLE AMATO, FRANK mel Goldsle 14610 Luc STREET ADDRESS 14747 EDNA WAY STREET ADDRESS CITY-ST-7IP DELRAY BEACH FL 33484 CITY-ST-ZIP TITLE ☐ Delete TITLE NAME PARKER, JACK NAME 5781 WANDA LANE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP DELRAY BEACH FL 33484 CITY - ST - ZIP ☐ Change ☐ Addition TITLE Detete TITLE COHEN, ROSLYN NAME 14585 LUCY DR STREET ADDRESS STREET ADDRESS DELRAY BEACH FL CITY-ST-7IP CITY-ST-ZIP ☐ Delete TITLE Change Addition TITLE BERMAN, RHODA NAME NAME 14570 CANDY WAY STREET ADDRESS STREET ADDRESS DELRAY BEACH FL 33484 CITY-ST-ZIP

12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Section 119, 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