

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 01, 2007 8:00 am**  
**Secretary of State**

03-01-2007 90020 036 \*\*\*\*61.25



<b>DOCUMENT # 752860</b> 1. Entity Name <b>DELRAY VILLAS PLAT 3 HOMEOWNERS' ASSOCIATION, INC.</b>					
Principal Place of Business <b>5841 CONNIE BLVD. DELRAY BEACH FL 33484</b>			Mailing Address <b>ON, INC. 5841 CONNIE BLVD. DELRAY BEACH FL 33484</b>		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number <b>59-2311367</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent <b>GERSTEIN, JOSHUA G 1515 N FEDERAL HWY SUITE 300 BOCA RATON FL 33432</b>				7. Name and Address of New Registered Agent Name <b>LARRY E. SCHNER P.A.</b> Street Address (P.O. Box Number is Not Acceptable) <b>750 SOUTH DIXIE HIGHWAY</b> City <b>BOCA RATON</b> <b>FL</b> Zip Code <b>33432</b>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agents signature required when reinstating) DATE</small>					
<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2007</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make Check Payable to Florida Department of State</b>
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>T</b> <b>MARRON, HAROLD</b> <b>14615 LUCY DRIVE</b> <b>DELRAY BEACH FL 33484</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D</b> <b>DONALD BRAYSE</b> <b>5775 DORIS COURT</b> <b>DELRAY BEACH, FL 33484</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>X D</b> <b>SANDOWSKY, BERNARD</b> <b>14530 CANDY WAY</b> <b>DELRAY BEACH FL 33484</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D</b> <b>BASSELL, FRANCES</b> <b>5796 WANDA LANE</b> <b>DELRAY BEACH FL 33484</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>X V</b> <b>AMATO, FRANK</b> <b>14747 EDNA WAY</b> <b>DELRAY BEACH FL 33484</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D</b> <b>GOLDMAN, JERROLD</b> <b>14777 EDNA WAY</b> <b>DELRAY BEACH, FL 33484</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>X P</b> <b>PARKER, JACK</b> <b>5781 WANDA LANE</b> <b>DELRAY BEACH FL 33484</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D</b> <b>GOLDSTEIN, MEL</b> <b>14610 LUCY DRIVE</b> <b>DELRAY BEACH, FL 33484</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D</b> <b>CAUSEY, WILLIAM</b> <b>5775 WANDA LN</b> <b>DELRAY BEACH FL 33484</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>P</b> <b>BERMAN, RHODA</b> <b>14570 CANDY WAY</b> <b>DELRAY BEACH FL 33484</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing 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.

SIGNATURE: Harold Marron HAROLD MARRON 2/2/07 561-495-7266