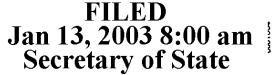
2003 NOT-FOR-PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR) DOCUMENT # 752860 1. Entity Name



01-13-2003 90088 011 ****61.25



DELRAY VILLAS PLAT 3 HOMEOWNERS' ASSOCIATION, IN Principal Place of Business Mailing Address ON INC ON, INC. 5841 CONNIE BLVD. 5841 CONNIE BLVD. DELRAY BEACH FL 33484 DELRAY BEACH FL 33484 2. Principal Place of Business 3. Mailing Address 5841 CONNIE BLYD Suite, Apt. #, etc. Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number 59-2311367 Applied For *U*ELRAU Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Π 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 SUITF, 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) 9. Election Campaign Financing FILE NOW: FEE IS \$61,25 \$5.00 May Be Make Check Payable to Trust Fund Contribution. Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE TREASURER Delete TITLE ☐ Change ଥି Addition SKOLNICK, BERNARD NAME NAME WACHTEL HINDA STREET ADDRESS 14560 CANDY WAY STREET ADDRESS 4535 CANDY WA CITY-ST-7IP **DELRAY BCH FL 33484** CITY-ST-ZIP TITLE PRESIDENT RHODA BERMAN 14570 CAN DY WAY ☐ Delete TITLE ☐ Change Addition SANDOWSKY, BERNARD NAME NAME STREET ADDRESS 14530 CANDY WAY STREET ADDRESS CITY-ST-ZIP **DELRAY BEACH FL 33484** CITY-ST-ZIP DELRAY BEACH IL TITLE ☐ Delete TITLE NAME BRAUSE, DONALD ☐ Change ■ Addition STREET ADDRESS **5755 DORIS COURT** STREET ADDRESS CITY-ST-7IP DELRAY BEACH FL 33484 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change WEINBERG, WILLIAM ☐ Addition NAME NAME STREET ADDRESS 5769 WANDA LANE STREET ADDRESS CITY-ST-ZIE DELRAY BEACH FL 33484 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition COHEN, ROSLYN NAME NAME STREET ADDRESS 14585 LUCY DR STREET ADDRESS CITY-ST-ZIP DELRAY BEACH FL CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition ABELSKY, GEORGE NAME NAME STREET ADDRESS 14589 LUCY DR STREET ADDRESS CITY-ST-ZIP DELRAY BEACH FL 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 changed, or on an attachment with an address, with all other like empowered.

PAUJACHTEL 1-1-03

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