

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 03, 2006 8:00 am**  
**Secretary of State**

04-03-2006 90363 022 \*\*\*\*61.25

<b>DOCUMENT # 755073</b>					
<b>1. Entity Name</b> DELRAY OAKS CONDOMINIUM ASSOCIATION NO. 2, INC.					
<b>Principal Place of Business</b> C/O CASTLE MANAGEMENT 5850 W. ATLANTIC AVE. DELRAY BEACH, FL 33484			<b>Mailing Address</b> C/O CASTLE MANAGEMENT 5850 W. ATLANTIC AVE. DELRAY BEACH, FL 33484		
<b>2. Principal Place of Business</b> 21 SE 5 <sup>th</sup> STREET Suite, Apt. #, etc. 100		<b>3. Mailing Address</b> 21 SE 5 <sup>th</sup> STREET Suite, Apt. #, etc. 100		03202006    Chg-NP    CR2E037 (11/05)	
<b>City &amp; State</b> BOCA RATON    FL		<b>City &amp; State</b> BOCA RATON    FL		<b>4. FEI Number</b> 59-2087442	
<b>Zip</b> 33432		<b>Country</b> PALM BEACH		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> RANDALL K ROGER & ASSOCIATES, PA 621 NW 53 STREET, STE 300 BOCA RATON, FL 33487				<b>7. Name and Address of New Registered Agent</b> Name _____ Street Address (P.O. Box Number Is Not Acceptable) _____ City _____ <b>FL</b> Zip Code _____	
<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.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when reappointing)    DATE _____					
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		<b>9. Election Campaign Financing</b> <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>		
<b>TITLE</b> PD <b>NAME</b> VOILES, GAYLE <b>STREET ADDRESS</b> 2953 SW 22ND CIR. <b>CITY-ST-ZIP</b> DELRAY BEACH, FL 33445	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> P.D. <b>NAME</b> LAWRENCE C. FRIED <b>STREET ADDRESS</b> 2883 SW 22 <sup>nd</sup> CIRCLE <b>CITY-ST-ZIP</b> DELRAY BEACH, FL 33445	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> VPSD <b>NAME</b> TATARYNOWICZ, ALISON <b>STREET ADDRESS</b> 2936 SW 22ND CIR. <b>CITY-ST-ZIP</b> DELRAY BEACH, FL 33445	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> VP <b>NAME</b> CHARLOTTE DILKS <b>STREET ADDRESS</b> 2916 SW 22 <sup>nd</sup> CIR <b>CITY-ST-ZIP</b> DELRAY BEACH, FL 33445	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> TD <b>NAME</b> FRIED, LARRY <b>STREET ADDRESS</b> 2883 SW 22ND CIR #51B <b>CITY-ST-ZIP</b> DELRAY BEACH, FL 33445	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> ANITA MANISCALCO <b>NAME</b> 2910 SW 22 CIR <b>STREET ADDRESS</b> DELRAY BEACH, FL 33445 <b>CITY-ST-ZIP</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> D <b>NAME</b> KERN, CHERYL <b>STREET ADDRESS</b> 2930 SW 22ND CIRCLE #14D <b>CITY-ST-ZIP</b> DELRAY BEACH, FL 33445	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> VPS <b>NAME</b> KATHERINE CULKIN <b>STREET ADDRESS</b> 2887 SW 22 CIR <b>CITY-ST-ZIP</b> DELRAY BEACH, FL 33445	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> D <b>NAME</b> CULKIN, BILL <b>STREET ADDRESS</b> 2887 SW 22ND CIRCLE #49C <b>CITY-ST-ZIP</b> DELRAY BEACH, FL 33445	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> NAME <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> NAME <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete		<b>TITLE</b> NAME <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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.</b>					
<b>SIGNATURE:</b> _____			3-28-06		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date    Daytime Phone #		