


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2007 8:00 am
Secretary of State

03-14-2007 90042 002 ****61.25

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|--|--|---|--|
| DOCUMENT # 755073 | |  | |
| 1. Entity Name DELRAY OAKS CONDOMINIUM ASSOCIATION NO. 2, INC. | | | |
| Principal Place of Business 21 SE 5TH ST 100 BOCA RATON, FL 33432 | | Mailing Address 21 SE 5TH ST 100 BOCA RATON, FL 33432 | |
| 2. Principal Place of Business - No P.O. Box # <i>21 SE 5TH STREET</i> | | 3. Mailing Address <i>21 SE 5TH STREET</i> | |
| Suite, Apt. #, etc. <i>#100</i> | | Suite, Apt. #, etc. <i>#100</i> | |
| City & State <i>BOCA RATON</i> | | City & State <i>BOCA RATON</i> | |
| Zip <i>33432</i> | | Zip <i>33432</i> | |
| Country <i>U.S.A.</i> | | Country <i>U.S.A.</i> | |
| 4. FEI Number 59-2087442 | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent RANDALL K ROGER & ASSOCIATES, PA 621 NW 53 STREET, STE 300 BOCA RATON, FL 33487 | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | |
| Filing Fee is \$61.25 Due by May 1, 2007 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| | | Make check payable to Florida Department of State | |
| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD FRIED, LAWRENCE C 2883 SW 22 CIR DELRAY BEACH, FL 33445 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | RAWLINGS GREG 2450 SW 22nd CIRCLE DELRAY BEACH FL 33445 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP DILKS, CHARLOTTE 2916 SW 22 CIR DELRAY BEACH, FL 33445 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D WINDYKA PAULA 2149 SW 22nd CIRCLE DELRAY BEACH FL 33445 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD MANISCALCO, ANITA 2910 SW 22 CIR DELRAY BEACH, FL 33445 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D SCHMIOT DARLENE 2898 SW 22nd CIRCLE DELRAY BEACH FL 33445 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VPS CULKIN, KATHERINE 2887 SW 22 CIR DELRAY BEACH, FL 33445 <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 | <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 | <input 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 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. | | | |
| SIGNATURE: <i>L. FRIED</i> | | Date: <i>3-12-07</i> | |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | <small>Date Daytime Phone #</small> | |