2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

Mar 10, 2008 8:00 am Secretary of State **DOCUMENT #755073** 03-10-2008 90079 001 *****9.19 DELRAY OAKS CONDOMINIUM ASSOCIATION NO. 2, 03-10-2008 90079 002 ****52.06 Mailing Address Principal Place of Business 21 SE 5TH ST 21 SE 5TH ST 66UUZY1V 100 100 **BOCA RATON, FL 33432** BOCA RATON, FL 33432 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02202008 CR2E037 (12/06) City & State 4. FEI Numbe Applied For City & State 59-2087442 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent RANDALL K ROGER & ASSOCIATES, PA Street Address (P.O. Box Number is Not Acceptable) 621 NW 53 STREET, STE 300 BOCA RATON, FL 33487 City Zip Code FL 18. 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 requi-9. Election Campaign Financing Make check payable to Filing Fee Is \$61.25 \$5.00 May Be Trust Fund Contribution. Florida Department of State Due by May 1, 2008 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. Dilks Charlotte PD TIDE ☐ Delete TITLE ☐ Change FRIED, LAWRENCE C NAME NAME 2916 SW Dand Circle 2883 SW 22 CIR STREET ADDRESS STREET ADDRESS Delray Beach, FL 33445 DELRAY BEACH, FL 33445 CITY - ST - 71P CITY-ST-ZIP Addition ☐ Delete mе ☐ Change TITLE McFadden, Elizabeth RAWLINGS, GREG NAME NAME 2924 SW Dand Cirle STREET ADDRESS 2956 SW 22ND CIR. STREET ADDRESS Delray Beach, FL. 33445 CITY-ST-ZIP DELRAY BEACH, FL 33445 CITY-ST-ZIP Detete TITLE ☐ Change ■ Addition TITLE WINDYKA, PAULA NAME 2949 SW 22ND CIR. STREET ALYDRESS STREET ADDRESS DELRAY BEACH, FL 33445 CITY - ST - ZIP CITY-ST-ZIP Delete IIILE ☐ Change ☐ Addition **CULKIN, KATHERINE** NAME NAME STREET ADDRESS 2887 SW 22 CIR STREET ADDRESS CITY-ST-ZIF DELRAY BEACH, FL 33445 CITY-ST-ZIP TITLE □ Defete TITLE ☐ Channe ■ Addition SCHMIDT, DARLENE NAME NAME STREET ADDRESS 2898 SW 22ND CIR. STREET ADDRESS DELRAY BEACH, FL 33445 C117 - ST - 71P CITY-ST-7/P ☐ Detete TITLE ☐ Change ■ Addition TILE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 logal 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