

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # 755980 (0)**  
1. Corporation Name  
**THE POINT AT DELRAY CONDOMINIUM ASSOCIATION, INC**



Principal Place of Business  
**243 CANAL POINT SOUTH  
DELRAY BEACH FL 33444-1870**

Mailing Address  
**243 CANAL POINT SOUTH  
DELRAY BEACH FL 33444-1870**

3. Date Incorporated or Qualified  
**01/20/1981**

3a. Date of Last Report  
**04/11/1995**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number <b>59-2256777</b>		Applied For <input type="checkbox"/> Not Applicable	
21. Suite, Apt. #, etc.		26. Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
22. City & State		27. City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
23. Zip		28. Zip		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
24. Country		29. Country					
25.		30.					

## 9. Name and Address of Current Registered Agent

## 10. Name and Address of New Registered Agent

**EHLEY, GLEN**  
**119 CANAL POINT S.**  
**DELRAY BEACH FL 33444**

81. Name	<b>EDWARD N. COTHRON</b>		
82. Street Address (P.O. Box Number is Not Acceptable)	<b>110 CANAL PT. N.</b>		
83.			
84. City	<b>DELRAY BEACH</b>	85. Zip Code	<b>FL 33444-4</b>

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE *Edward N. Cotron* DATE **3/19/96**  
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<b>D</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SVIRK, CHARLES</b>	1.2 NAME	<b>LARRY RUSS</b>
STREET ADDRESS	<b>2337 SW 23 CRANBROOK DR</b>	1.3 STREET ADDRESS	<b>134 CANAL PT S</b>
CITY - ST - ZIP	<b>BOYNTON BEACH FL</b>	1.4 CITY - ST - ZIP	<b>DELRAY BEACH, FL.</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE	2.1 TITLE	<b>P/D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>COTHRON, ED</b>	2.2 NAME	
STREET ADDRESS	<b>110 CANAL POINT N.</b>	2.3 STREET ADDRESS	
CITY - ST - ZIP	<b>DELRAY BEACH FL 33444</b>	2.4 CITY - ST - ZIP	
TITLE	<b>ST</b> <input type="checkbox"/> DELETE	3.1 TITLE	<b>T/D</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SCHREIBER, LYNN</b>	3.2 NAME	
STREET ADDRESS	<b>131 CANAL POINT S.</b>	3.3 STREET ADDRESS	
CITY - ST - ZIP	<b>DELRAY BEACH FL</b>	3.4 CITY - ST - ZIP	
TITLE	<b>VP</b> <input type="checkbox"/> DELETE	4.1 TITLE	<b>S/D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GOTHEM, MARY ANNE</b>	4.2 NAME	
STREET ADDRESS	<b>123 CANAL PT S</b>	4.3 STREET ADDRESS	
CITY - ST - ZIP	<b>DELRAY BEACH FL</b>	4.4 CITY - ST - ZIP	
TITLE	<b>P</b> <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>EHLEY, GLEN</b>	5.2 NAME	<b>FRED HELDAN</b>
STREET ADDRESS	<b>119 CANAL POINT S.</b>	5.3 STREET ADDRESS	<b>750 S OCEAN BLVD.</b>
CITY - ST - ZIP	<b>DELRAY BEACH FL</b>	5.4 CITY - ST - ZIP	<b>BOYNTON, FL.</b>
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Edward N. Cotron* DATE: **3/19/96** DAYTIME PHONE: **407-347-1494**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (12/95)