

FILE NOW: FILING FEE IS \$61.25

FILED

May 06 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONSDOCUMENT # 755980 (0)
1. Corporation Name
THE POINT AT DELRAY CONDOMINIUM ASSOCIATION, INC

Principal Place of Business

Mailing Address

243 CANAL POINT SOUTH
DELRAY BEACH FL 33444-1870243 CANAL POINT SOUTH
DELRAY BEACH FL 33444-18703. Date Incorporated or Qualified
01/20/19813a. Date of Last Report
03/22/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

4. FEI Number
59-2256777Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

COTHRON, EDWARD N.
110 CANAL POINT NORTH
DELRAY BEACH FL 33444Lynn Schreiber
400 Canal Pt. South

81 Name

Lynn Schreiber

82 Street Address (P.O. Box Number is Not Acceptable)

400 Canal Pt. South

83

Unit 131

84 City

DELRAY BEACH

FL

85

Zip Code

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

[Signature]

(NOTE: Registered Agent signature required when reinstating)

DATE

4/18/97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D
NAME ROSSI, LARRY
STREET ADDRESS 134 ANAL POINT S
CITY-ST-ZIP DELRAY BEACH FL1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIPTITLE PD
NAME COTHRON, ED
STREET ADDRESS 110 CANAL POINT N.
CITY-ST-ZIP DELRAY BEACH FL2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIPTITLE TD
NAME SCHREIBER, LYNN
STREET ADDRESS 131 CANAL POINT S.
CITY-ST-ZIP DELRAY BEACH FL3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIPTITLE SD
NAME GOTHAM, MARY-ANNE
STREET ADDRESS 123 CANAL PT S
CITY-ST-ZIP DELRAY BEACH FL4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIPTITLE D
NAME HOLDEN, FRED
STREET ADDRESS 750 S OCEAN DRIVE
CITY-ST-ZIP BOCA RATON FL5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIPTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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 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:

[Signature]

4/18/97

561-347-1494

Date

Daytime Phone # 0043110

CP2E037 (9/96)