

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90247 038 ****61.25

DOCUMENT # 755980

1. Entity 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**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04052004

Chg-NP

CR2E037 (10/03)

4. FEI Number
59-2256777

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LUCERI, FRANK
1877 S FEDERAL HWY S
#308
BOCA RATON, FL 33432**

Name **MARK V. MATZ**

Street Address (P.O. Box Number is Not Acceptable)
243 CANAL POINT WAY, SOUTH

City **DELRAY BEACH**

FL

Zip Code
33444-1870

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

Mark V. Matz **MARK V. MATZ / PRESIDENT**

4/5/04

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$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 PD ☐ Delete
NAME **MATZ, MARK**
STREET ADDRESS **455 CANAL POINT WAY, #108**
CITY-ST-ZIP **DELRAY BEACH, FL 33444**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE TD ☒ Delete
NAME **FABRICANT, BARBARA**
STREET ADDRESS **111 CANAL PT WAY**
CITY-ST-ZIP **DELRAY BEACH, FL 33444**

TITLE STD ☐ Change ☒ Addition
NAME **MARCIA FAURE**
STREET ADDRESS **400 CANAL POINT WAY # 132**
CITY-ST-ZIP **DELRAY BEACH, FL 33444**

TITLE VP ☐ Delete
NAME **NURO, GENIE**
STREET ADDRESS **140 CANAL POINTS**
CITY-ST-ZIP **DELRAY BEACH, FL**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE SD ☒ Delete
NAME **TATUM, TAMMY**
STREET ADDRESS **540 CANAL PT S, #115A**
CITY-ST-ZIP **DELRAY BEACH, FL 33444**

TITLE D ☐ Change ☒ Addition
NAME **BRENDA HALL**
STREET ADDRESS **435 CANAL POINTWAY # 241**
CITY-ST-ZIP **DELRAY BEACH, FL 33444**

TITLE D ☒ Delete
NAME **WOLF, DAN**
STREET ADDRESS **131 CANAL PT S**
CITY-ST-ZIP **DELRAY BEACH, FL 33444**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I 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 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:

Mark V. Matz **MARK V. MATZ - PRESIDENT**

4/5/04

800-648-1914

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #