


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2005 8:00 am
Secretary of State

04-25-2005 90259 027 ***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	4. FEI Number 59-2256777	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
MATZ, MARK V 243 CANAL POINT WAY, SOUTH DELRAY BEACH, FL 33444-1870				Name MARCIA FAURE	
				Street Address (P.O. Box Number is Not Acceptable)	
				400 Canal Pt. Way	
				City DeLray Beach FL Zip Code 33444	
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 <u>Marcia Faure</u> MARCIA FAURE <u>4.20.05</u> <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, 2005		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	PD	<input type="checkbox"/> Delete	TITLE	R.D.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MATZ, MARK		NAME	HALL, BRENDA	
STREET ADDRESS	455 CANAL POINT WAY, #108		STREET ADDRESS	440 CANAL PT WAY # 226	
CITY-ST-ZIP	DELRAY BEACH, FL 33444		CITY-ST-ZIP	DELRAY BC FL 33444	
TITLE	STD	<input type="checkbox"/> Delete	TITLE	V.P.	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FAVRE, MARCIA		NAME	NURO, GENIE	
STREET ADDRESS	400 CANAL POINT WAY #132		STREET ADDRESS	140 Canal Point Way # 141	
CITY-ST-ZIP	DELRAY BEACH, FL 33444		CITY-ST-ZIP	DELRAY BC FL 33444	
TITLE	VP	<input type="checkbox"/> Delete	TITLE	T.O.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NURO, GENIE		NAME	FAURE MARCIA	
STREET ADDRESS	140 CANAL POINTS		STREET ADDRESS	400 CANAL PT Way #132	
CITY-ST-ZIP	DELRAY BEACH, FL		CITY-ST-ZIP	DELRAY BC FL 33444	
TITLE	D	<input type="checkbox"/> Delete	TITLE	S.D.	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HALL, BRENDA		NAME	FORDOR, BARBARA	
STREET ADDRESS	435 CANAL POINT WAY #241		STREET ADDRESS	440 CANAL PT WAY # 228	
CITY-ST-ZIP	DELRAY BEACH, FL 33444		CITY-ST-ZIP	DELRAY BC FL 33444	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			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 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 90 days 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: <u>Marcia Faure</u> MARCIA FAURE <u>4/20/05</u> 561-278 7442 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					