

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
--------------------------------------	---	---

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 22 PH 3:49

DOCUMENT # 756261 (4)

1. Corporation Name
DELRAY CLUB, INC.

Principal Place of Business 2001 S OCEAN BLVD DELRAY BEACH FL 33483	Mailing Address 2001 S OCEAN BLVD DELRAY BEACH FL 33483
---	---

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 02/06/1981	3a. Date of Last Report 04/27/1994
4. FEI Number 59-2075875	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for Intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
---	--

9. Name and Address of Current Registered Agent

KELLY, TIMOTHY J.
2001 SOUTH OCEAN BOULEVARD
DELRAY BEACH FL 33483

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SHEFFLER, RICHARD L 2001 SO OCEAN BLVD DELRAY BCH FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DURVEA, F CHARLES JR 2001 SO OCEAN BLVD DELRAY BCH FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SPEICHER, RACHEL 2001 SO OCEAN BLVD DELRAY BCH FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ALLEN, ROBERT W 2001 SO OCEAN BLVD DELRAY BCH FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SEIDENSTICKER, HERBERT 2001 SO OCEAN BLVD DELRAY BCH FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEHANE, DANIEL 2001 SO OCEAN BLVD DELRAY BCH FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 110.07(3)(k), Florida Statutes. I further certify that the information included 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Herbert Seidensticker* **Herbert Seidensticker** 3/16/95 (407) 278-6226
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #