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Apr 17 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Moriham Secretary of State DIVISION OF CORPORATIONS
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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
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3. Date Incorporated or Qualified 02/06/1981		
4. FEI Number 59-2075875	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
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. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

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
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City **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 _____ 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	PD	<input checked="" type="checkbox"/> DELETE
NAME	GAGNON, RICHARD	
STREET ADDRESS	2001 S OCEAN BLVD	
CITY-ST-ZIP	DELRAY BCH FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	DERSCH, JOHN W	
STREET ADDRESS	2001 S OCEAN BLVD	
CITY-ST-ZIP	DELRAY BCH FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	REID, ROBERT	
STREET ADDRESS	2001 SO OCEAN BLVD	
CITY-ST-ZIP	DELRAY BCH FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	GOLDSMITH, CAROL A	
STREET ADDRESS	2001 S OCEAN BLVD	
CITY-ST-ZIP	DELRAY BCH FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	SEIDENSTICKER, HERBERT	
STREET ADDRESS	2001 SO OCEAN BLVD	
CITY-ST-ZIP	DELRAY BCH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	JOHNSON, EDWARD A	
STREET ADDRESS	2001 S OCEAN BLVD	
CITY-ST-ZIP	DELRAY BCH FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Herbert Seidensticker	
1.3 STREET ADDRESS	2001 S. Ocean Blvd.	
1.4 CITY-ST-ZIP	Delray Bch., Fl. 33483	
2.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Richard I. Gagnon	
2.3 STREET ADDRESS	2001 S. Ocean Blvd.	
2.4 CITY-ST-ZIP	Delray Bch., Fl. 33483	
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	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Arthur Reef	
5.3 STREET ADDRESS	2001 S. Ocean Blvd.	
5.4 CITY-ST-ZIP	Delray Bch., Fl. 33483	
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 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]* **Apr 09, 1998**

CR2E037 (10/97)