


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 05, 2005 8:00 am**  
**Secretary of State**

04-05-2005 90056 019 \*\*\*\*61.25

**DOCUMENT # 756261**

1. Entity 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

2. Principal Place of Business  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

3. Mailing Address  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

**6. Name and Address of Current Registered Agent**

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

**7. Name and Address of New Registered Agent**

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

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.

*Timothy Kelly*  
 SIGNATURE Timothy Kelly, GENERAL MGR. **3-25-05**  
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, 2005**

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**

TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	GOLDSMITH, DOUGLAS DR.	
STREET ADDRESS	2001 S OCEAN BLVD	
CITY-ST-ZIP	DELRAY BEACH, FL 33483	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	FOSTER, FRANCIS X	
STREET ADDRESS	2001 S OCEAN BLVD	
CITY-ST-ZIP	DELRAY BEACH, FL 33483	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	SPINNER, PHYLLIS M	
STREET ADDRESS	2001 SO OCEAN BLVD	
CITY-ST-ZIP	DELRAY BEACH, FL 33483	
TITLE	VP	<input type="checkbox"/> Delete
NAME	HADEED, VICTOR	
STREET ADDRESS	2001 S OCEAN BLVD	
CITY-ST-ZIP	DELRAY BEACH, FL 33483	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	VAN BORNE, EDWARD	
STREET ADDRESS	2001 S OCEAN BLVD	
CITY-ST-ZIP	DELRAY BEACH, FL 33483	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SANZONE, JEROME	
STREET ADDRESS	2001 S OCEAN BLVD	
CITY-ST-ZIP	DELRAY BEACH, FL 33483	

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VICTORIA McCallion	
STREET ADDRESS	1556 ESTUARY TRAIL	
CITY-ST-ZIP	DELRAY BEACH, FL 33483	
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JAMES R WELLS	
STREET ADDRESS	4473 SANDEELING CIRCLE EAST	
CITY-ST-ZIP	BOYNTON BEACH, FL 33436	
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CAROL CRAIG	
STREET ADDRESS	355 SW 25TH AVENUE	
CITY-ST-ZIP	DELRAY BEACH, FL 33445	
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	EDWARD C GENDRON	
STREET ADDRESS	10667 LIMEBERRY DRIVE	
CITY-ST-ZIP	BOYNTON BEACH, FL 33436	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MICHAEL P. LOGAN	
STREET ADDRESS	2000 S. OCEAN BLVD #108	
CITY-ST-ZIP	DELRAY BEACH, FL 33483	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DAVID R. ABBOTT	
STREET ADDRESS	2871 N. OCEAN BLVD. D#120	
CITY-ST-ZIP	BOCA RATON, FL 33431	

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:** Victoria McCallion **561 278-6224**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

*VICTORIA McCallion PRES.*

