FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAY -1 PM 12:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **758533** **(4)**

1. Corporation Name

DELRAY SOUTH SHORE CLUB CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
1625 S. OCEAN BLVD. DELRAY BEACH FL 33483	12995 CLEVELAND AVENUE 164 FT. MYERS FL 33907 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **05/27/1981**
3a. Date of Last Report: **05/01/1994**
4. FEI Number: **59-2244749** ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

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

9. Name and Address of Current Registered Agent

RDI RESORT SERVICES
C/O SAGE, DONNA
12995 CLEVELAND AVENUE, SUITE 164
FT. MYERS FL 33907

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 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	1.1 TITLE		☒ Change ☐ Addition
NAME	TOWNSEND, RANDOLPH L	1.2 NAME		
STREET ADDRESS	1625 S. OCEAN BLVD.	1.3 STREET ADDRESS	10225 SLEEPY BROOK WAY	
CITY-ST-ZIP	DELRAY BEACH FL	1.4 CITY-ST-ZIP	BOCA RATON, FL 33028	
TITLE	D	2.1 TITLE	D	☒ Change ☐ Addition
NAME	MAJESKIE, JAMES	2.2 NAME	BERNADINE AXT	
STREET ADDRESS	1515 LEE COURT	2.3 STREET ADDRESS	1361 NW 20TH AVE CB115	
CITY-ST-ZIP	LAKEWOOD FL	2.4 CITY-ST-ZIP	DELRAY BEACH, FL 33445	
TITLE	V	3.1 TITLE	V	☒ Change ☐ Addition
NAME	ALFARO, ELIZABETH	3.2 NAME	CURTIS WEAVER SR	
STREET ADDRESS	734 S.W. 17TH STREET	3.3 STREET ADDRESS	4384 CARYOTA DRIVE	
CITY-ST-ZIP	BOCA RATON FL	3.4 CITY-ST-ZIP	BOYNTON BEACH, FL 33436	
TITLE	D	4.1 TITLE	S	☒ Change ☐ Addition
NAME	SAWTELLE, JOHN J.	4.2 NAME	GEORGE MATTHEWS	
STREET ADDRESS	1 BELMONT ROAD, #610	4.3 STREET ADDRESS	2580 AVENUE AU SOLEIL	
CITY-ST-ZIP	W. HARWICH MA	4.4 CITY-ST-ZIP	GULFSTREAM, FL 33483	
TITLE	S	5.1 TITLE		☐ Change ☐ Addition
NAME	GREENE, PHILIP	5.2 NAME		
STREET ADDRESS	7471 COCO PLUM CIRCLE	5.3 STREET ADDRESS		
CITY-ST-ZIP	PLANTATION FL	5.4 CITY-ST-ZIP		
TITLE	P	6.1 TITLE		☐ Change ☐ Addition
NAME	BROMBERG, ALFRED	6.2 NAME		
STREET ADDRESS	1270 N.W. 22ND AVENUE	6.3 STREET ADDRESS		
CITY-ST-ZIP	DELRAY BEACH FL	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 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: Phillip R. Greene 4/13/1995 (305) 492-8637
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
PHILLIP R. GREENE

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