FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT
1996

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

FILED
Jun 19 1996 8:00 am
Secretary of State

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

3. Date Incorporated or Qualified: 05/27/1981
3a. Date of Last Report: 05/01/1995

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

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

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 700001869357
-06/20/96--01039--003

84 City ***70.00 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			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D TOWNSEND, RANDOLPH L 10225 SLEEPY BROOK WAY BOCA RATON FL	☐ DELETE	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	D ROGER DEY 5599 NASSAU DR BOCA RATON, FL 33487	☒ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D AXT, BERNADINE 1361 NW 20TH AVE #CB115 DELRAY BEACH FL	☐ DELETE	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	V 1361 NW 20th AVE #CB115 DELRAY BEACH, FL 33445	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V WEAVER, CURTIS S 4384 CARYOTA DR BOYNTON BEACH FL	☐ DELETE	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	P 4384 CARYOTA DR BOYNTON BEACH, FL 33436	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MATTHEWS, GEORGE 2580 AVE AU SOLEIL GULFSTREAM FL	☒ DELETE	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP	D ELLIS, MARTIN 10679 OCEAN PALM WAY #201 BOYNTON BEACH, FL 33437-2210	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S GREENE, PHILIP 7471 COCO PLUM CIRCLE PLANTATION FL	☐ DELETE	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP	S GREENE, PHILLIP 741-7 COCO PLUM CIRCLE PLANTATION, FL 33324	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P BROMBERG, ALFRED 1270 N.W. 22ND AVENUE DELRAY BEACH FL	☒ DELETE	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP	D RICHARD TURCOTTE 66 MYRTLE ST. SOMERSWORTH, NH 03878	☐ Change ☒ Addition

CR2E037 (12/95)

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)(k), 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: Randolph L Townsend 4/14/96 (954) 472-8637
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone
PHILIP GREENE 4/14/96