


**FILE NOW: FILING FEE IS \$61.25**

**FILED**  
**Apr 18 1997 8:00am**  
**Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 758533 (4)**  
 1. Corporation Name  
**DELRAY SOUTH SHORE CLUB CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business <b>1625 S. OCEAN BLVD. DELRAY BEACH FL 33483</b>	Mailing Address <b>12995 CLEVELAND AVENUE 164 FT. MYERS FL 33907-3875 US</b>
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3. Date Incorporated or Qualified <b>05/27/1981</b>	3a. Date of Last Report <b>06/19/1996</b>
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2. Principal Place of Business <b>21</b>	2a. Mailing Address <b>26</b>	4. FEI Number <b>59-2244749</b>	Applied For <input type="checkbox"/> Not Applicable
Suite, Apt. #, etc. <b>22</b>	Suite, Apt. #, etc. <b>27</b>	6. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
City & State <b>23</b>	City & State <b>28</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
Zip <b>24</b>	Country <b>25</b>	Zip <b>29</b>	Country <b>30</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent <b>RDI RESORT SERVICES C/O SAGE, DONNA 12995 CLEVELAND AVENUE, SUITE 164 FT. MYERS FL 33907</b>				10. Name and Address of New Registered Agent			
				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City	<b>FL</b>	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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>D</b>	<input type="checkbox"/> DELETE <b>DEY, ROGER 5599 NASSAU DR BOCA RATON FL 33487</b>	1.1 TITLE <b>VP</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <b>V</b>	<input type="checkbox"/> DELETE <b>AXT, BERNADINE 1361 NW 20TH AVE #CB115 DELRAY BEACH FL 33445</b>	2.1 TITLE <b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <b>P</b>	<input type="checkbox"/> DELETE <b>WEAVER, CURTIS S 4384 CARYOTA DR BOYNTON BEACH FL 33436</b>	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <b>D</b>	<input checked="" type="checkbox"/> DELETE <b>ELLIS, MARTIN 10679 OCEAN PALM WAY #201 BOYNTON BEACH FL 33437-2210</b>	4.1 TITLE <b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE <b>S</b>	<input type="checkbox"/> DELETE <b>GREENE, PHILIP 741-7 COCO PLUM CIRCLE PLANTATION FL 33324</b>	4.2 NAME <b>SIRIANNI, NORMAN 43 W 851 OAKLEAF DR. ELBURN, IL</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <b>D</b>	<input type="checkbox"/> DELETE <b>TURCOTTE, RICHARD 66 MYRTLE ST SOMERSWORTH NH 03878</b>	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
		5.2 NAME <b>GREENE, PHILLIP</b>	
		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 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, changed, or on an attachment with an address.

SIGNATURE:  *Philip Greene* Philip GREENE 1/13/97 (954) 472-837  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0055252

CR2E037 (9/96)