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Mar 17, 1999 8:00 am
Secretary of State

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03-17-1999 90008 001 *****8.75
 03-17-1999 90008 002 *****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 758533

1. Corporation Name
DELRAY SOUTH SHORE CLUB CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business 1625 S. OCEAN BLVD. DELRAY BEACH FL 33483	Mailing Address 12995 CLEVELAND AVENUE 164 FT. MYERS FL 33907 US
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 05/27/1981
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2244749
City & State 23	City & State 28	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

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 85 Zip Code
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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 _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE VP <input checked="" type="checkbox"/> DELETE	NAME DEY, ROGER	11 TITLE D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME Paul Widemer
STREET ADDRESS 5599 NASSAU DR	CITY-ST-ZIP BOCA RATON FL 33487	12 NAME	13 STREET ADDRESS 115 N 12th Place
TITLE D <input type="checkbox"/> DELETE	NAME AXT, BERNADINE	14 CITY-ST-ZIP Lantana, FL 33462	21 TITLE
STREET ADDRESS 1361 NW 20TH AVE #CB115	CITY-ST-ZIP DELRAY BEACH FL 33445	22 NAME	23 STREET ADDRESS
TITLE D <input type="checkbox"/> DELETE	NAME WEAVER, CURTIS SR	24 CITY-ST-ZIP	31 TITLE VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 4384 CARYOTA DR	CITY-ST-ZIP BOYNTON BEACH FL 33436	32 NAME	33 STREET ADDRESS
TITLE P <input type="checkbox"/> DELETE	NAME SIRIANNI, NORMAN	34 CITY-ST-ZIP	41 TITLE
STREET ADDRESS 43 W 851 OAKLEAF DR	CITY-ST-ZIP ELBURN IL 60119	42 NAME	43 STREET ADDRESS
TITLE S <input type="checkbox"/> DELETE	NAME GREENE, PHILLIP	44 CITY-ST-ZIP	51 TITLE
STREET ADDRESS 741-7 COCO PLUM CIRCLE	CITY-ST-ZIP PLANTATION FL 33324	52 NAME	53 STREET ADDRESS
TITLE D <input type="checkbox"/> DELETE	NAME TURCOTTE, RICHARD	54 CITY-ST-ZIP	61 TITLE
STREET ADDRESS 66 MYRTLE ST	CITY-ST-ZIP SOMERSWORTH NH 03878	62 NAME	63 STREET ADDRESS
		63 STREET ADDRESS	64 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, with all other like empowered.

SIGNATURE: Norman F. Sirianni NORMAN F. SIRIANNI 2-5-99 630-557-2700
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/198)