

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM D

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

02 JUL -2 PM 12:14

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 758533

1. Corporation Name

Delray South Shore Club Condominium  
Association, Inc.

300006269209--1  
-07/03/02--01020--005  
\*\*\*\*358.75 \*\*\*\*358.75

2. Principal Office Address

1625 S. Ocean Blvd.

Suite, Apt. #, etc.

City & State

Delray Beach, FL

Zip

33483

Country

USA

3. Mailing Office Address

4960 Conference Way N.

Suite, Apt. #, etc.

Suite 100

City & State

Boca Raton, FL

Zip

33431

Country

USA

REINSTATEMENT 00-02

4. Date Incorporated or Qualified  
To Do Business in Florida

5/27/1981

5. FEI Number

592244749

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Bluegreen Resorts Management - Tish Lehr

Street Address (P.O. Box Number is Not Acceptable)

4960 Conference Way North

Suite, Apt. #, Etc.

Suite 100

City

Boca Raton

State  
FL

Zip Code

33431

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of  
Registered Agent

*Tatiana A. Lehr*

Date

6-10-02

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	Norman Sirianni	43 W. 851 Oakleaf Dr.	Elburn, IL 60119
V	Lynn Solomon	455-NE 5th-Ct.	Boca-Raton, FL 33432
ST	Phillip Greene	741-7 Coco Plum Circle	Plantation, FL 33342
D	Bernadine Axt	1361 NW 20th Ave, #204	CB115, Delray Beh, FL 33445
D	Richard Turcotte	66 Myrtle St.	Somersworth, NH 03878
D	Paul Widemer	115 N. 12th Place	Lantana, FL 33462

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

*Norm F. Sirianni*

NORMAN F. SIRIANNI PRES

630-559-2700

Date 6-17-02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (9/01)