


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 22, 2005 08:00 AM
Secretary of State

DOCUMENT # 758533
 1. Entity Name
DELRAY SOUTH SHORE CLUB CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business 1625 S. OCEAN BLVD. DELRAY BEACH, FL 33483	Mailing Address 4960 CONFERENCE WAY N SUITE 100 BOCA RATON, FL 33431 US
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02032005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-2244749	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
**BLUEGREEN RESORTS MANAGEMENT
 TISH LEHR
 4960 CONFERENCE WAY NORTH, SUITE 100
 BOCA RATON, FL 33431**

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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating)

**Filing Fee is \$61.25
 Due by May 1, 2005**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SIRIANNI, NORMAN 43 W 851 OAKLEAF DR ELBORN, IL 60119
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SOLOMON, LYNN 455 NE 5TH CT BOCA RATON, FL 33432
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST GREENE, PHILLIP 741-7 COCO PLUM CIRCLE PLANTATION, FL 33342
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D AXT, BERNADINE 1361 NW 20 AVE, #204 CB115 DELRAY BEACH, FL 33445
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TURCOTTE, RICHARD 66 MYRTLE ST SOMERSWORTH, NH 03878
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WIDEMER, PAUL 115 N 12TH PLACE LANTANA, FL 33462

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 02/22/05-80047-008 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Lynn J. Solomon* **LYNN J. SOLOMON** 2-14-05 (561) 362-5433
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #