


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2006 8:00 am
Secretary of State

04-28-2006 90159 023 ****61.25

DOCUMENT # 758533

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



40060704



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**

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

City & State

Zip Country

Zip Country

04262006 Chg-NP CR2E037 (11/05)

4. FEI Number
59-2244749

Applied For
 Not Applicable

5. Certificate of Status Desired **\$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**

7. Name and Address of New Registered Agent

Name

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

City **FL** Zip Code

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

**Filing Fee is \$61.25
 Due by May 1, 2006**

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P** Delete

NAME **SIRIANNI, NORMAN**

STREET ADDRESS **43 W 851 OAKLEAF DR**

CITY-ST-ZIP **ELBORN, IL 60119**

TITLE Change Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE **V** Delete

NAME **SOLOMON, LYNN**

STREET ADDRESS **455 NE 5TH CT**

CITY-ST-ZIP **BOCA RATON, FL 33432**

TITLE Change Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE **ST** Delete

NAME **GREENE, PHILLIP**

STREET ADDRESS **741-7 COCO PLUM CIRCLE**

CITY-ST-ZIP **PLANTATION, FL 33342**

TITLE Change Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE **D** Delete

NAME **AXT, BERNADINE**

STREET ADDRESS **1361 NW 20 AVE, #204 CB115**

CITY-ST-ZIP **DELRAY BEACH, FL 33445**

TITLE Change Addition

NAME **Doyle Nichols**

STREET ADDRESS **8578 SW SEA Captain DRIVE**

CITY-ST-ZIP **STUART, FL 34997**

TITLE **D** Delete

NAME **TURCOTTE, RICHARD**

STREET ADDRESS **66 MYRTLE ST**

CITY-ST-ZIP **SOMERSWORTH, NH 03878**

TITLE Change Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE **D** Delete

NAME **WIDEMER, PAUL**

STREET ADDRESS **115 N 12TH PLACE**

CITY-ST-ZIP **LANTANA, FL 33462**

TITLE Change Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *Norm F. Sirianni* **APRIL 27, 2006**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #