


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2008 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
--	--



03272008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

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

6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525	DO NOT WRITE IN THIS SPACE
--	-------------------------------

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, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
---	---	--

10. OFFICERS AND DIRECTORS	
TITLE	P
NAME	SIRIANNI, NORMAN
STREET ADDRESS	43 W 851 OAKLEAF DR
CITY-ST-ZIP	ELBORN, IL 60119
TITLE	V
NAME	SOLOMON, LYNN
STREET ADDRESS	455 NE 5TH CT
CITY-ST-ZIP	BOCA RATON, FL 33432
TITLE	ST
NAME	GREENE, PHILLIP
STREET ADDRESS	741-7 COCO PLUM CIRCLE
CITY-ST-ZIP	PLANTATION, FL 33342
TITLE	D
NAME	DOYLE, NICHOLS
STREET ADDRESS	8578 SW SEA CAPTAIN DR
CITY-ST-ZIP	STUART, FL 34997
TITLE	D
NAME	TURCOTTE, RICHARD
STREET ADDRESS	66 MYRTLE ST
CITY-ST-ZIP	SOMERSWORTH, NH 03878
TITLE	D
NAME	WIDEMER, PAUL
STREET ADDRESS	115 N 12TH PLACE
CITY-ST-ZIP	LANTANA, FL 33462

U00000932154
05/22/08-80043-020 70.00

DO NOT WRITE
IN THIS SPACE

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: _____ Date: 301-912-8129
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #