

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 758533

FILED
Apr 27, 2009
Secretary of State

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

Current Principal Place of Business:

1625 S. OCEAN BLVD.
DELRAY BEACH, FL 33483

New Principal Place of Business:

Current Mailing Address:

4960 CONFERENCE WAY N
SUITE 100
BOCA RATON, FL 33431 US

New Mailing Address:

FEI Number: 59-2244749

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SIRIANNI, NORMAN
Address: 43 W 851 OAKLEAF DR
City-St-Zip: ELBORN, IL 60119

Title: V () Delete
Name: SOLOMON, LYNN
Address: 455 NE 5TH CT
City-St-Zip: BOCA RATON, FL 33432

Title: ST () Delete
Name: GREENE, PHILLIP
Address: 741-7 COCO PLUM CIRCLE
City-St-Zip: PLANTATION, FL 33342

Title: D () Delete
Name: DOYLE, NICHOLS
Address: 8578 SW SEA CAPTAIN DR
City-St-Zip: STUART, FL 34997

Title: D () Delete
Name: TURCOTTE, RICHARD
Address: 66 MYRTLE ST
City-St-Zip: SOMERSWORTH, NH 03878

Title: D () Delete
Name: WIDEMER, PAUL
Address: 115 N 12TH PLACE
City-St-Zip: LANTANA, FL 33462

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P/D (X) Change () Addition
Name: SIRIANNI, NORMAN
Address: 43 W 851 OAKLEAF DR
City-St-Zip: ELBORN, IL 60119

Title: VP/D (X) Change () Addition
Name: SOLOMON, LYNN
Address: 455 NE 5TH CT
City-St-Zip: BOCA RATON, FL 33432

Title: ST/D (X) Change () Addition
Name: HAYES, ROBERT
Address: 12505 OAK ARBOR LANE
City-St-Zip: BOYNTON BEACH, FL 33436

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NORMAN SIRIANNI

P/D

04/27/2009

Electronic Signature of Signing Officer or Director

Date