

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 17, 2003 8:00 am
Secretary of State

03-17-2003 90471 007 ****61.25



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**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2244749**

Applied For
 Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BLUEGREEN RESORTS MANAGEMENT
TISH LEHR
4960 CONFERENCE WAY NORTH, SUITE 100
BOCA RATON FL 33431**

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

FILE NOW: FEE IS \$61.25

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

| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|----------------------------|---|---|---|
| TITLE | P <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | SIRIANNI, NORMAN | NAME | |
| STREET ADDRESS | 43 W 851 OAKLEAF DR | STREET ADDRESS | |
| CITY-ST-ZIP | ELBORN IL 60119 | CITY-ST-ZIP | |
| TITLE | V <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | SOLOMON, LYNN | NAME | |
| STREET ADDRESS | 455 NE 5TH CT | STREET ADDRESS | |
| CITY-ST-ZIP | BOCA RATON FL 33432 | CITY-ST-ZIP | |
| TITLE | ST <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | GREENE, PHILLIP | NAME | |
| STREET ADDRESS | 741-7 COCO PLUM CIRCLE | STREET ADDRESS | |
| CITY-ST-ZIP | PLANTATION FL 33342 | CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | AXT, BERNADINE | NAME | |
| STREET ADDRESS | 1361 NW 20 AVE, #204 CB115 | STREET ADDRESS | |
| CITY-ST-ZIP | DELRAY BEACH FL 33445 | CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | TURCOTTE, RICHARD | NAME | |
| STREET ADDRESS | 66 MYRTLE ST | STREET ADDRESS | |
| CITY-ST-ZIP | SOMERSWORTH NH 03878 | CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | WIDEMER, PAUL | NAME | |
| STREET ADDRESS | 115 N 12TH PLACE | STREET ADDRESS | |
| CITY-ST-ZIP | LANTANA FL 33462 | CITY-ST-ZIP | |

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _____ SIGNATURE REQUIRED *Norman F. Siriani 3-10-03*

CR2E037 (10/02)