

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 762934

**FILED**  
**Jan 03, 2011**  
**Secretary of State**

**Entity Name:** DELRAY MEDICAL CENTER OFFICE CONDOMINIUM ASSOCIATION I, INC.

**Current Principal Place of Business:**

1651 NW 1ST CT  
BOCA RATON, FL 33432

**New Principal Place of Business:**

**Current Mailing Address:**

1651 NW 1ST CT  
BOCA RATON, FL 33432

**New Mailing Address:**

**FEI Number:** 59-2264814

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

FAIRMAN, WILLIAM  
1651 NW 1ST CT  
BOCA RATON, FL 33432 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  
Name: TUBY, PETER A  
Address: 1651 NW 1ST CT.  
City-St-Zip: BOCA RATON, FL 33432

Title: VP  
Name: ZIFFER, MARK  
Address: 1651 NW 1ST CT.  
City-St-Zip: BOCA RATON, FL 33432

Title: SEC  
Name: HIMMELSTEIN, STUART  
Address: 1651 NW 1ST CT.  
City-St-Zip: BOCA RATON, FL 33432

I hereby 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 all other like empowered.

SIGNATURE: WILLIAM FAIRMAN

PM

01/03/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date