FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR -3 PM 5:55

DOCUMENT # 765998 (0)

1. Corporation Name
BOCA DELRAY ASSOCIATION, INC.

Principal Place of Business	Mailing Address
5483 BOCA DELRAY BLVD. DELRAY BCH. FL 33484	5483 BOCA DELRAY BLVD. DELRAY BCH. FL 33484

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/03/1982
3a. Date of Last Report: 03/11/1994
4. FEI Number: 59-2242102 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business (21)
Suite, Apt. #, etc. (22)
City & State (23)
Zip (24) Country (25)

2a. Mailing Address (26)
Suite, Apt. #, etc. (27)
City & State (28)
Zip (29) Country (30)

9. Name and Address of Current Registered Agent

~~SCHWARTZ, ROBERT, M, ESQ~~
~~5355 TOWN CENTER RD., SUITE 801~~
~~BOCA RATON FL 33486~~

10. Name and Address of New Registered Agent

(01) Name: MICHAEL GELFAND
(02) Street Address (P.O. Box Number is Not Acceptable): One Clearlake Centre, Suite 1010
(03) 250 S. Australian Avenue
(04) City: WEST PALM BEACH (05) FL Zip Code: 33401-5012

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: [signature] DATE: 3/28/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	D ☒ Change ☐ Addition
NAME	~~BRILLIANT, LOUIS~~	1.2 NAME	SIDNEY ROSENFELD
STREET ADDRESS	~~5483 BOCA DELRAY BLVD.~~	1.3 STREET ADDRESS	5483 BOCA DELRAY BLVD.
CITY-ST-ZIP	~~DELRAY BCH. FL~~	1.4 CITY-ST-ZIP	DELRAY BEACH, FL
TITLE	P	2.1 TITLE	☐ Change ☐ Addition
NAME	REID, HOWARD	2.2 NAME	
STREET ADDRESS	5483 BOCA DELRAY BLVD.	2.3 STREET ADDRESS	
CITY-ST-ZIP	DELRAY BCH. FL	2.4 CITY-ST-ZIP	
TITLE	V	3.1 TITLE	☐ Change ☐ Addition
NAME	KLEIN, SIDNEY	3.2 NAME	
STREET ADDRESS	5483 BOCA DELRAY BLVD.	3.3 STREET ADDRESS	
CITY-ST-ZIP	DELRAY BCH. FL	3.4 CITY-ST-ZIP	
TITLE	S	4.1 TITLE	☐ Change ☐ Addition
NAME	PROSTOK, MAX	4.2 NAME	
STREET ADDRESS	5483 BOCA DELRAY BLVD.	4.3 STREET ADDRESS	
CITY-ST-ZIP	DELRAY BCH. FL	4.4 CITY-ST-ZIP	
TITLE	T	5.1 TITLE	T ☒ Change ☐ Addition
NAME	~~DIMM, WILLIAM~~	5.2 NAME	EDWIN GOODMAN
STREET ADDRESS	~~5483 BOCA DELRAY BLVD.~~	5.3 STREET ADDRESS	5483 BOCA DELRAY BLVD.
CITY-ST-ZIP	~~DELRAY BCH. FL~~	5.4 CITY-ST-ZIP	DELRAY BEACH, FL
TITLE	D	6.1 TITLE	☐ Change ☐ Addition
NAME	YASINSKI, DOROTHY	6.2 NAME	
STREET ADDRESS	5483 BOCA DELRAY BLVD	6.3 STREET ADDRESS	
CITY-ST-ZIP	DELRAY BCH. FL	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] HOWARD D. REID 3/15/95 407-495-1597
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

001378