

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

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

3. Date Incorporated or Qualified

12/03/1982

3a. Date of Last Report

04/03/1995

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GELFAND, MICHAEL
ONE CLEARLAKE CENTRE, SUITE 1010
250 S AUSTRALIAN AVENUE
WEST PALM BEACH FL 33401

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title (if applicable)

(NOTE: Registered Agent signature required when transferring)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ~~D~~ ☒ DELETE
NAME ~~ROSENFELD, SIDNEY~~
STREET ADDRESS ~~5483 BOCA DELRAY BLVD.~~
CITY-ST-ZIP ~~DELRAY BCH. FL~~

1.1 TITLE D ☒ Change ☐ Addition
1.2 NAME NELSON FEINBERG
1.3 STREET ADDRESS 5483 BOCA DELRAY BLVD.
1.4 CITY-ST-ZIP DELRAY BEACH, FL 33484

TITLE ~~P~~ ☒ DELETE
NAME ~~REID, HOWARD~~
STREET ADDRESS ~~5483 BOCA DELRAY BLVD.~~
CITY-ST-ZIP ~~DELRAY BCH. FL~~

2.1 TITLE P ☒ Change ☐ Addition
2.2 NAME CYRUS MARDER
2.3 STREET ADDRESS 5483 BOCA DELRAY BLVD.
2.4 CITY-ST-ZIP DELRAY BEACH, FL 33484

TITLE ~~V~~ ☒ DELETE
NAME ~~KLEIN, SIDNEY~~
STREET ADDRESS ~~5483 BOCA DELRAY BLVD.~~
CITY-ST-ZIP ~~DELRAY BCH. FL~~

3.1 TITLE V ☒ Change ☐ Addition
3.2 NAME WILLIAM DIMM
3.3 STREET ADDRESS 5483 BOCA DELRAY BLVD.
3.4 CITY-ST-ZIP DELRAY BEACH, FL 33484

TITLE ~~S~~ ☐ DELETE
NAME ~~PROSTOK, MAX~~
STREET ADDRESS ~~5483 BOCA DELRAY BLVD.~~
CITY-ST-ZIP ~~DELRAY BCH. FL~~

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ~~T~~ ☐ DELETE
NAME ~~GOODMAN, EDWIN~~
STREET ADDRESS ~~5483 BOCA DELRAY BLVD~~
CITY-ST-ZIP ~~DELRAY BCH. FL~~

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ~~D~~ ☒ DELETE
NAME ~~YASINSKI, DOROTHY~~
STREET ADDRESS ~~5483 BOCA DELRAY BLVD~~
CITY-ST-ZIP ~~DELRAY BCH. FL~~

6.1 TITLE D ☒ Change ☐ Addition
6.2 NAME SALLY SPALLONE
6.3 STREET ADDRESS 5483 BOCA DELRAY BLVD.
6.4 CITY-ST-ZIP DELRAY BEACH, FL 33484

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)(k), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CYRUS MARDER, PRESIDENT

3/8/96 407-495-1597

Date

Daytime Phone #

CR2E037 (12/95)