

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 766518

FILED  
Mar 15, 2009  
Secretary of State

Entity Name: DOMAINE DELRAY ASSOCIATION, INC.

## Current Principal Place of Business:

1405 SOUTH FEDERAL HWY.  
DELRAY BEACH, FL 33483 US

## New Principal Place of Business:

## Current Mailing Address:

904 SE 6TH AVENUE  
DELRAY BEACH, FL 33483 US

## New Mailing Address:

FEI Number: 59-2283711

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

DAGHER, JOSEPH M  
904 SE 5TH AVENUE  
DELRAY BEACH, FL 33483 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: VPD ( ) Delete  
Name: WAGNER, CORNELIUS  
Address: 1405 S. FEDERAL HWY #105  
City-St-Zip: DELRAY BEACH, FL 33483

Title: PD ( ) Delete  
Name: KRISTIANSEN, LORENTZ  
Address: 1405 S. FEDERAL HWY #145  
City-St-Zip: DELRAY BEACH, FL 33483

Title: SD ( ) Delete  
Name: MARTEL, VIRGINIA  
Address: 1405 S. FEDERAL HWY #143  
City-St-Zip: DELRAY BEACH, FL 33483

Title: D ( ) Delete  
Name: STOLOVITZ, ARIE  
Address: 1405 S. FEDERAL HWY #112  
City-St-Zip: DELRAY BEACH, FL 33483

Title: 2VD ( ) Delete  
Name: GAFFNEY, ROBERT  
Address: 1405 S. FEDERAL HWY #148  
City-St-Zip: DELRAY BEACH, FL 33483

Title: TD ( ) Delete  
Name: FLEISCHER, JANET  
Address: 1405 S. FEDERAL HWY #134  
City-St-Zip: DELRAY BEACH, FL 33483

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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: LORENTA KRISTIANSEN

PD

03/15/2009

Electronic Signature of Signing Officer or Director

Date