

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 26, 2005 8:00 am
Secretary of State

04-26-2005 90152 010 ***150.00

DOCUMENT # F04000004551

1. Entity Name

RAMCO DELRAY SPC, INC.



Principal Place of Business

31500 NORTHWESTERN HIGHWAY, SUITE 300
FARMINGTON HILLS, MI 48334

Mailing Address

31500 NORTHWESTERN HIGHWAY, SUITE 300
FARMINGTON HILLS, MI 48334

40001111



03212005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number

20-1460365

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

**DO NOT WRITE
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP GERSHENSON, DENNIS 31500 NORTHWESTERN HIGHWAY, SUITE 300 FARMINGTON HILLS, MI 48334
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VCVP GERSHENSON, RICHARD 31500 NORTHWESTERN HIGHWAY, SUITE 300 FARMINGTON HILLS, MI 48334
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DST SMITH, RICHARD J 31500 NORTHWESTERN HIGHWAY, SUITE 300 FARMINGTON HILLS, MI 48334
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SCHRAM, BRADLEY J 1760 SOUTH TELEGRAPH ROAD, SUITE 300 BLOOMFIELD HILLS, MI 483020183
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 607, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-29-05

Date

248-350-9900

Daytime Phone #