

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 26, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # K03093**

1. Entity Name  
**DELRAY PROPERTIES, INC.**



Principal Place of Business  
**C/O CORP TAX DEPT. 15-586  
850 MAIN STREET  
BRIDGEPORT, CT 06604-4913**

Mailing Address  
**C/O CORP TAX DEPT. 15-586  
850 MAIN STREET  
BRIDGEPORT, CT 06604-4913**



02212007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**06-1224942**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**MACFARLAND, RICHARD B.  
7777 GLADES ROAD, SUITE 300  
BACO RATON, FL 33434**

**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, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE PD  
NAME BRESTOVAN, PETER M.  
STREET ADDRESS 850 MAIN ST.  
CITY-ST-ZIP BRIDGEPORT, CT

TITLE T  
NAME MATLOS, SUSAN  
STREET ADDRESS 850 MAIN STREET  
CITY-ST-ZIP BRIDGEPORT, CT 06604

TITLE VP  
NAME BODOR, DAVID  
STREET ADDRESS 850 MAIN ST  
CITY-ST-ZIP BRIDGEPORT, CT 06604

TITLE SEC  
NAME LEWIS, LYNDIA  
STREET ADDRESS 850 MAIN ST  
CITY-ST-ZIP BRIDGEPORT, CT 06604

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

U00000647428  
03/06/07-80072-009 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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

2/21/07  
Date

203-338-4000  
Daytime Phone #