

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 01, 2007 08:00 AM
Secretary of State

DOCUMENT # N00000001951

1. Entity Name
TOWN SQUARE OF DELRAY ASSOCIATION, INC.



Principal Place of Business
2295 CORPORATE BLVD NW SUITE 138
BOCA RATON, FL 33431

Mailing Address
2295 CORPORATE BLVD NW SUITE 138
BOCA RATON, FL 33431



01092007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0933513

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

WHITE, DONALD
2295 CORPORATE BLVD NW SUITE 138
BOCA RATON, FL 33431

**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

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U00000617183
02/07/07-80064-021 61.25

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
VPD
HECKER, BRIAN
75 NE 5TH AVE A
DELRAY BEACH, FL 33483

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
PD
SLOMINSKI, ED
75 NE 5TH AVE C
DELRAY BEACH, FL 33483

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
TD
WOTHING, PETER
75 NE 5TH AVE U
DELRAY BEACH, FL 33483

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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 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 617, 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

1/26/07

Daytime Phone #