


2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # N00000005002		
1. Entity Name DELRAY ESTUARY HOMEOWNERS ASSOCIATION, INC.		

FILED

08 AUG 11 PM 2:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business C/O CAPITAL REALTY ADVISORS, INC 600 SANDTREE DRIVE, SUITE 109 PALM BEACH GARDENS, FL 33403	Mailing Address 600 SANDTREE DRIVE STE 109 PALM BEACH GARDENS, FL 33403
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

07302008 Chg-NP CR2E037 (12/06)

4. FEI Number 65-1035614	Applied For Not Applicable
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5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
MCDONALD, DONNA CAPITAL REALTY ADVISORS, INC 600 SANDTREE DRIVE, SUITE 109 PALM BEACH GARDENS, FL 33403		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL	Zip Code

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

Amended AR is \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BROWN, CYNTHIA 1467 ESTUARY TRAIL DELRAY BEACH, FL 33483 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 900134457719 08/14/08--01007--025 **\$61.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ADLER, LEONARD 1341 ESTUARY TRAIL DELRAY BEACH, FL 33433 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SICA, HARRY 1491 ESTUARY TRL DELRAY BCH, FL 33433 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition D CROTTY, LAURIE 1591 ESTUARY TRAIL DELRAY BEACH, FL 33433
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PAGE, PETER 828 ESTUARY WAY DELRAY BEACH, FL 33433 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ZIMET, SHERRY 803 ESTUARY WY DELRAY BCH, FL 33433 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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

PETER H. PAGE

7/31/08

Daytime Phone #