2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Apr 27, 2006 8:00 am Secretary of State

DOCUMENT # N0000007351 1. Entity Name THE COURTYARDS OF DELRAY HOMEOWNERS ASSOCIATION, INC.					04-27-2006 90202 019 ****61.25				
Principal Place 72 SE 6TH A' DELRAY BEAG		Mailing Address 639 E. OCEAN AV #204 BOYNTON BEACH		US	4.00	440 48(76 (250)	11/1 11 /11/11/11/11/11/11/11/11/11/11/11/11/		
Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address AGD C Lated Property Ment. Suite, Apt, #, etc. CA242006 Change CROSSOZ (14/05)							
		1928 have Worth Rd. J 17222000 Chg-NP CRZEUS/ (11/05)					plied For		
City & State		Lake Dorth		- L	4. FEI Number 65-10540	54	<u> </u>	t Applicāble	
Zip	Country	33461	, Count		5. Certificate of S	Status Desired	□ \$8.75 Add Fee Required		
	6. Name and Address of Current	Registered Agent		Name	7. Name and Ad	Idress of New Reg	istered Agent		
MANAGEMENT SVCS OF AMERICA 639 E. OCEAN AVE #204				JAMES N. KRIVOK, ESQ. Street Address (P.O. Box Number is Not Acceptable) Dicker, Krivok & Stoloff, P.A.					
BOYNTON BEACH, FL 33435				1818 Australian Ave. South, Suite 400 City West Palm Beach. FL Zip Code 33409					
	named entity submits this statement to its of registered agent. The work of the statement of registered agent.	l	ng its registered				da. I am familiar with, 24-206 (and accept	
					equied when remotating)				
	Filing Fee is \$61.25 Due by May 1, 2006		n Campaign Fin und Contribution	ancing	\$5.00 May Be	ž.	te check payable to a Department of St		
10.	Due by May 1, 2006 OFFICERS AND DI	: Trust F	und Contribution	ancing n.	\$5.00 May Be Added to Fees ADDITIONS/CHAN	Florid		10	
10. TITLE NAME	OFFICERS AND DI	: Trust F	und Contribution 11. TITLE	n	\$5.00 May Be Added to Fees ADDITIONS/CHAN	Florid	a Department of St	tate	
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TITLE NAME STREET ADDRESS	OFFICERS AND DI PD CRAIG, ISABEL	: Trust F	und Contribution 11. TITLE NAME	P/Br ADDRESS 65	\$5.00 May Be Added to Fees ADDITIONS/CHAN TO Tuce Kelling 6-C S.E. 5th Efray Beach,	Florid: GES TO OFFICERS Avenue	a Department of St	tate 10 X Addition	
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I nereby certify that the information supplied with this filling 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 it 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: X

SENATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR BRUCE KELLING

4/25/06 561-265-3574 Ode Dayline Phore