

**2007 NON-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 11, 2007 8:00 am
Secretary of State

01-11-2007 90053 039 ****61.25

DOCUMENT # **N02000000586**

1. Entity Name
TOWN PLACE AT DELRAY, INC.



Principal Place of Business
**180 NE 6TH AVE.
UNIT N
DELRAY BEACH, FL 33483**

Mailing Address
**180 NE 6TH AVE.
UNIT N
DELRAY BEACH, FL 33483**

40001536



DO NOT WRITE IN THIS SPACE

01052007 No Chg-NP CR2E037 (4/06)

4. FEI Number **54-2085360** Applied For
Not Applicable

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

6. Name of Registered Agent

**LATRAVEASE, DAVID
180 NE 6TH AVE.
UNIT N
DELRAY BEACH, FL 33483**

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity certifies 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, type or print

Name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee
Due by March 1, 2007**

**\$1.25
2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10.

OFFICERS AND DIRECTORS

TITLE **DPT**
NAME **LATRAVEASE, DAVID**
STREET ADDRESS **180 NE 6TH AVE., UNIT N**
CITY-ST-ZIP **DELRAY BEACH, FL 33483**

TITLE **DVPS**
NAME **MOULTON, J**
STREET ADDRESS **180 NE 6TH AVE.**
CITY-ST-ZIP **DELRAY BEACH, FL 33483**

TITLE
NAME
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CITY-ST-ZIP

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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 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 a person authorized 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 annual report.

SIGNATURE **DAVID J. LATRAVEASE - P**
Type and typed or printed name of signing officer or director

Date **1/8/07** Daytime Phone # **561-702-0766**