


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2004 08:00 AM
Secretary of State

DOCUMENT # N02975	
1. Entity Name DELRAY PLACE OWNER'S ASSOCIATION, INC.	

Principal Place of Business 220/230 SE 10TH ST DELRAY BCH, FL 33483 US	Mailing Address 12565 OAK ARBOR LANE BOYNTON BEACH, FL 33436
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03302004 No Chg-NP CR2E037 (10/03)

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4. FEI Number 59-2457590	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent BATMASIAN, JAMES 215 N. FEDERAL HIGHWAY BOCA RATON, FL 33432

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

Filing Fee is \$61.25 Due by May 1, 2004	9. Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees	U000000112976 04/14/04 80044 017 70.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BOOS, ROGER C. 12565 OAK ARBOR LANE BOYNTON BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOOS, MARCELLA ANN 12565 OAK ARBOR LANE BOYNTON BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FIONRI, ANGELO 2712 DUNLIN DELRAY BEACH, FL
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 exemption stated in Section 119.07(3)(i), 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: 	3/12/04	(561) 392-8920
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Date</small>	<small>Daytime Phone #</small>