## 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N03000004115

Entity Name: DELRAY HOUSING GROUP, INC.

FILED Jan 06, 2010 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

600 N. CONGRESS AVENUE, 310B

DELRAY BEACH, FL 33445

Current Mailing Address: New Mailing Address:

600 NORTH CONGRESS AVENUE 600 N. CONGRESS AVENUE, STE. 310B
DELRAY BEACH, FL 33445 US DELRAY BEACH, FL 33445

FEI Number: 03-0526635 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

ELLINGTON, DOROTHY
600 N. CONGRESS AVENUE
310B
DELRAY BEACH, FL 33445 US
ELLINGTON, DOROTHY PRES.
600 N. CONGRESS AVENUE
310B
DELRAY BEACH, FL 33445 US
DELRAY BEACH, FL 33445 US

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.

in the State of Florida.

SIGNATURE: DOROTHY ELLINGTON 01/06/2010

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

Title: MS

Name: ELLINGTON, DOROTHY PRES.

Address: 600 N. CONGRESS AVENUE, SUITE 310B

City-St-Zip: DELRAY BEACH, FL 33445

Title: MR.

 Name:
 HEPP, JOSEPH CHAIR

 Address:
 3825 MAJESTIC PALM WAY

 City-St-Zip:
 DELRAY BEACH, FL 33445

Title: MS.

 Name:
 ARONSON, CHOLI VICE

 Address:
 1541 NE 42ND COURT

 City-St-Zip:
 POMPANO BEACH, FL 33064

Title: MS

Name: MORRIS, SYLVIA

Address: 414 NORTHEAST 12TH AVENUE City-St-Zip: BOYNTON BEACH, FL 33435

Title: MS.

Name: SILVER, CHRISTEL

Address: 278 EAST CORAL TRACE CIRCLE City-St-Zip: DELRAY BEACH., FL 33445

Title: DR

 Name:
 WEINMAN, MORRIS

 Address:
 13850 VIA TIVOLI

 City-St-Zip:
 DELRAY BEACH, FL 33446

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: DOROTHY ELLINGTON PRES 01/06/2010