## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N07000002353

FILED Apr 29, 2008 Secretary of State

Entity Name: VIA DELRAY CONDOMINIUM ASSOCIATION, INC.

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

6383 10TH AVENUE NORTH, SUITE F 5533 CARMEL LN

GREENACRES, FL 33463 LAKE WORTH, FL 33463

Current Mailing Address: New Mailing Address:

6383 10TH AVENUE NORTH, SUITE F 5533 CARMEL LN

GREENACRES, FL 33463 LAKE WORTH, FL 33463

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

RYAN, MICHAEL J
11911 U.S. HIGHWAY 1
370 GOLFVIEW ROAD

STE 309 1

NORTH PALM BEACH, FL 33408 US NORTH PALM BEACH, FL 33408 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.

SIGNATURE: MICHAEL J RYAN 04/29/2008

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Fitle: PD ( ) Delete Title: PD (X) Change ( ) Addition

 Name:
 ALFREDSON, ERIC
 Name:
 ALFREDSON, ERIC

 Address:
 6383 10TH AVENUE NORTH, SUITE F
 Address:
 5533 CARMEL LANE

City-St-Zip: GREENACRES, FL 33463 City-St-Zip: LAKE WORTH, FL 33463

Title: VD ( ) Delete Title: VD (X) Change ( ) Addition Name: COLUCCIO, RICHARD Name: COLUCCIO, RICHARD

Address: 6383 10TH AVENUE NORTH, SUITE F Address: 5533 CARMEL LANE
City-St-Zip: GREENACRES, FL 33463 City-St-Zip: LAKE WORTH, FL 33463

 $\label{eq:title:D} {\sf Title:} \qquad {\sf D} \qquad {\sf () Delete} \qquad \qquad {\sf Title:} \qquad {\sf D} \qquad {\sf (X) Change () Addition}$ 

Name: RYAN, MICHAEL J Name: RYAN, MICHAEL J Address: 11911 US HWY 1, SUITE 309 Address: 370 GOLFVIEW ROAD, SUITE 101

Address: 11911 US HWY 1, SUITE 309 Address: 370 GOLFVIEW ROAD, SUITE 101 City-St-Zip: NORTH PALM BEACH, FL 33408 City-St-Zip: NORTH PALM BEACH, FL 33408

 $\label{eq:title:ST} \textit{Title:} \qquad \textit{ST} \qquad \textit{()} \; \textit{Delete} \qquad \qquad \textit{Title:} \qquad \textit{ST} \qquad \textit{(X)} \; \textit{Change} \; \textit{()} \; \textit{Addition}$ 

Name:MIRRIONE, KRISTENName:MIRRIONE, KRISTENAddress:6383 10TH AVENUE NORTH, SUITE FAddress:5533 CARMEL LANECity-St-Zip:GREENACRES, FL 33463City-St-Zip:LAKE WORTH, FL 33463

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: ERIC ALFREDSON P/D 04/29/2008