2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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FILED
May 27, 2008 8:00 am
Secretary of State
05-01-2008 90245 009 ****61.25

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DOCUMENT # N07000002353

1. Entity Name
VIA DELRAY CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
~~6383 10TH AVENUE NORTH, SUITE F~~ GREENACRES, FL 33463	~~6383 10TH AVENUE NORTH, SUITE F~~ GREENACRES, FL 33463

04292008 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
5533 Caramel Lane	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Lake Worth, FL	City & State
Zip: 33463 Country: USA	Zip Country

4. FEI Number: 20-8604522 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
RYAN, MICHAEL J 11911 U.S. HIGHWAY 1 STE 309 NORTH PALM BEACH, FL 33408	Name: Eric Alfredson Street Address (P.O. Box Number is Not Acceptable): 5533 Caramel Lane City: Lake Worth FL Zip Code: 33463

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: By: [signature] agent — 4/29/08
Signature, type or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to: Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD ALFREDSON, ERIC 6383 10TH AVENUE NORTH, SUITE F GREENACRES, FL 33463	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 5533 Caramel Lane Lake Worth, FL 33463
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD COLUCCIO, RICHARD 6383 10TH AVENUE NORTH, SUITE F GREENACRES, FL 33463	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D RYAN, MICHAEL J 11911 US HWY 1, SUITE 309 NORTH PALM BEACH, FL 33408	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 402 Snowy Owl Lane New Hope, PA 18938
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST MIRRIONE, KRISTEN 6383 10TH AVENUE NORTH, SUITE F GREENACRES, FL 33463	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition Kristen Mirrione 6234 Terra Rosa Cir Boynton Beach, FL 33472
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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 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: By: [signature] agent — 4/29/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #