

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 16, 2007 8:00 am
Secretary of State

02-16-2007 90039 014 ****61.25

DOCUMENT # N10356

1. Entity Name



**BAHAMA HOUSE OF DELRAY BEACH CONDOMINIUM
ASSOCIATION, INC.**

Principal Place of Business

72 SO OCEAN BLVD
DELRAY BCH FL 33483
US

Mailing Address

134 NE 1ST AVENUE
DELRAY BEACH FL 33444
US

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2580513

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

GRACEY, MATTHEW
62 SE 6TH AVENUE
DELRAY BEACH FL 33483

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2007

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

| | | |
|--|---|--|
| TITLE NAME STREET ADDRESS CITY ST ZIP | P/D GRACEY, MATTHEW 62 SE 6TH AVENUE DELRAY BEACH FL 33483 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY ST ZIP | TD CURRIE, ROBERT 134 NE 1ST AVENUE DELRAY BEACH FL 33444 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY ST ZIP | VD GRADY, SCOTT 72 S OCEAN BLVD. # 6 DELRAY BEACH FL 33483 | <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY ST ZIP | | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY ST ZIP | | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY ST ZIP | | <input type="checkbox"/> Delete |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|--|--|--|
| TITLE NAME STREET ADDRESS CITY ST ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY ST ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY ST ZIP | VD PATRICIA L. BRANNEN 1212 BATAVIA AVENUE GENEVA, ILLINOIS 60134 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY ST ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY ST ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY ST ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/7/07 561-276-4951