

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # N11609

1. Corporation Name

THE VILLAS OF BOCA DELRAY CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business  
5483 BOCA DELRAY BLVD.  
DELRAY BCH. FL 33484

Mailing Address  
5483 BOCA DELRAY BLVD.  
DELRAY BCH. FL 33484

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

10/15/1985

5. FEI Number

59-2622440

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PD	ROSENTHAL, BERT RICH, HARRY	5483 BOCA DELRAY BLVD.	DELRAY BCH. FL
DS	CHIMARA, ST CHIMARA, SIMON	5483 BOCA DELRAY BLVD.	DELRAY BCH. FL
DT	OKUN, LEO	5483 BOCA DELRAY BLVD.	DELRAY BCH FL
DT	HYMAN, MARY	5483 BOCA DELRAY BLVD.	DELRAY BCH FL
D	SCHUMCKLER, NORMAN	5265 FAIRWAY WOODS DRIVE	DELRAY BEACH FL
D	SCHOENFELD, ROGER	5230 FAIRWAY WOOD DR	DELRAY BEACH FL 33484

8. Name and Address of Current Registered Agent

LAPOINTE, MARY K  
5483 BOCA DELRAY BLVD  
ROOM 60  
DELRAY BEACH FL 33484

9. Name and Address of New Registered Agent

Name  
RICH, LYNDIA MILLER  
Street Address (P.O. Box Number is Not Acceptable)  
5483 BOCA DELRAY BLVD.  
Suite, Apt. Etc.  
Room 60  
City  
DELRAY BEACH  
State  
FL  
Zip Code  
33484

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent

X Lynda Miller Rich

REGISTERED AGENT MUST SIGN

Date

10/24/01

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

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\*\*\*\*\*61.25 \*\*\*\*\*61.25

SIGNATURE:

X Harry Rich  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/24/01

Daytime Phone #

561-498-5050

282

October 24, 2001

Division of Corporation  
Uniform Business Report Filing  
Tallahassee, FL 32314-6327

To Whom It May Concern:

I am enclosing this letter with the filing for reinstatement with a check for \$61.25. This notice for dissolution was the first notice of filing that I received this year. Had I received a prior notice, I would have filed in ample time. I therefore request your waving the fee for late filing.

Respectfully submitted,



Harry Rich  
President of The Villas of Boca Delray