2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2008 8:00 am
Secretary of State
05-02-2008 90129 007 ****61.25

DOCUMENT # N11609

1. Entity Name
THE VILLAS OF BOCA DELRAY CONDOMINIUM ASSOCIATION, INC.

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

4L

01082008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2622440
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

RICH, LYNDA MILLER
5483 BOCA DELRAY BLVD
ROOM 60
DELRAY BEACH, FL 33484

DO NOT WRITE IN THIS SPACE

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2008

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

D
SILVERMAN, GERALD
5483 BOCA DELRAY BLVD.
DELRAY BEACH, FL 33484

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	RICH, HARRY
STREET ADDRESS	5483 BOCA DELRAY BLVD.
CITY-ST-ZIP	DELRAY BCH., FL
TITLE	D
NAME	HYMAN, MARY
STREET ADDRESS	5483 BOCA DELRAY BLVD
CITY-ST-ZIP	DELRAY BEACH, FL 33484
TITLE	TD
NAME	CHMARA, SIMON
STREET ADDRESS	5843 BOCA DELRAY BLVD
CITY-ST-ZIP	DELRAY BEACH, FL 33484
TITLE	SD
NAME	NADLER, MARTIN
STREET ADDRESS	5483 BOCA DELRAY BLVD
CITY-ST-ZIP	DELRAY BEACH, FL 33484
TITLE	PD
NAME	GOODMAN, DAVID
STREET ADDRESS	5483 BOCA DELRAY BLVD
CITY-ST-ZIP	DELRAY BEACH, FL 33484
TITLE	D
NAME	MEYER, MAYER
STREET ADDRESS	5483 BOCA DELRAY BLVD
CITY-ST-ZIP	DELRAY BEACH, FL 33484

DO NOT WRITE IN THIS SPACE

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: _____ TRES. 4/4/08 561-495-1599
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

SIMON CHMARA