FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 APR -5 PM 3:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N13409 (0)

1. Corporation Name

CASA DEL REY AT VILLA DELRAY HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
5228 BOLERO CIRCLE 5203 CORTEZ COURT DELRAY BEACH FL 33484 US	5228 BOLERO CIRCLE DELRAY BEACH FL 33484 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/12/1986	3a. Date of Last Report: 06/01/1994
4. FEI Number: 59-2677026	☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	$5.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐	$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

~~GARMOUSAKIS, FRAN~~
~~5220 BOLERO CIRCLE~~
DELRAY BEACH FL 33484

10. Name and Address of New Registered Agent

81 Name: Mary Mychalak
82 Street Address (P.O. Box Number is Not Acceptable): 5276 Bolero Circle
83
84 City: Delray Beach FL 85 Zip Code: 33484

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Mary Mychalak President
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

DATE: 3/18/95

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VP	11 TITLE	~~D~~ P ☒ Change ☐ Addition
NAME	~~MYCHALAK, MARY~~	12 NAME	Linda Piersa
STREET ADDRESS	~~5276 BOLERO CIRCLE~~	13 STREET ADDRESS	5189 Magellan Way West
CITY-ST-ZIP	DELRAY BEACH FL	14 CITY-ST-ZIP	Delray Beach FL 33484
TITLE	TD	21 TITLE	☐ Change ☐ Addition
NAME	BUDD, MARILYN	22 NAME	
STREET ADDRESS	5241 BOLERO CIRCLE	23 STREET ADDRESS	
CITY-ST-ZIP	DELRAY BEACH FL	24 CITY-ST-ZIP	
TITLE		31 TITLE	~~D~~ P ☒ Change ☐ Addition
NAME		32 NAME	Mary Mychalak
STREET ADDRESS		33 STREET ADDRESS	5276 Bolero Cycle
CITY-ST-ZIP		34 CITY-ST-ZIP	Delray Beach FL 33484
TITLE		41 TITLE	D ☐ Change ☒ Addition
NAME		42 NAME	Murray Itkowitz
STREET ADDRESS		43 STREET ADDRESS	5203 Cortez Court
CITY-ST-ZIP		44 CITY-ST-ZIP	Delray Beach FL 33484
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: X Marilyn Budd Treasurer — X 3-3-95 — X 407-495-4773
SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTOR OR OFFICER — Date — Daytime Phone #
MARILYN BUDD - TREASURER

C041073