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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # N13409 (0)

1. Corporation Name
CASA DEL REY AT VILLA DELRAY HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
5248 BOLERO CIRCLE ~~5480 MAGELLAN WAY WEST~~ DELRAY BEACH FL 33484 US	5248 BOLERO CIRCLE ~~5480 MEGELLAN WAY WEST~~ DELRAY BEACH FL 33484-1357 US

3. Date Incorporated or Qualified: 02/12/1986
3a. Date of Last Report: 03/15/1996

2. Principal Place of Business	2a. Mailing Address
21 5248 BOLERO CIRCLE	26 5248 BOLERO CIRCLE
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 DELRAY BEACH, FL	City & State 28 DELRAY BEACH, FL
Zip 24 33484 Country 25 PALM BEACH	Zip 29 33484 Country 30 PALM BEACH

4. FEI Number: 59-2677026 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
~~PIERSA, LINDA~~ ~~5189 MEGELLAN WAY WEST~~ ~~DELRAY BEACH FL 33484~~	81 Name: EMILY R. HUSS 82 Street Address (P.O. Box Number is Not Acceptable): 5248 BOLERO CIRCLE 83 84 City: DELRAY BEACH FL 85 Zip Code: 33484

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: X Emily R. Huss 3/7/97
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	~~PD~~	☒ DELETE	1.1 TITLE	President	☐ Change ☒ Addition
NAME	~~PIERSA, LINDA~~		1.2 NAME	Mel Steele	
STREET ADDRESS	~~5189 MAGELLAN WAY WEST~~		1.3 STREET ADDRESS	5273 Bolero Circle	
CITY-ST-ZIP	~~DELRAY BEACH FL~~		1.4 CITY-ST-ZIP	Delray Beach, Fl 33484	
TITLE	~~TD~~	☒ DELETE	2.1 TITLE	Vice-President	☐ Change ☒ Addition
NAME	~~BUDD, MARILYN~~		2.2 NAME	June LeBow	
STREET ADDRESS	~~5241 BOLERO CIRCLE~~		2.3 STREET ADDRESS	5269 Magellan Way-West	
CITY-ST-ZIP	~~DELRAY BEACH FL~~		2.4 CITY-ST-ZIP	Delray Beach, Fl 33484	
TITLE	~~D~~	☒ DELETE	3.1 TITLE	Director	☐ Change ☒ Addition
NAME	~~MYCHALAK, MARY~~		3.2 NAME	George Schmierer	
STREET ADDRESS	~~5276 BOLERO CIRCLE~~		3.3 STREET ADDRESS	5178 Cortez Court	
CITY-ST-ZIP	~~DELRAY BEACH FL 33484~~		3.4 CITY-ST-ZIP	Delray Beach, Fl 33484	
TITLE	D	☐ DELETE	4.1 TITLE	Sec/Treasurer	☐ Change ☐ Addition
NAME	HUSS, EMILY		4.2 NAME		
STREET ADDRESS	5248 BOKRO CIRCLE		4.3 STREET ADDRESS	Same	
CITY-ST-ZIP	DELRAY BEACH FL		4.4 CITY-ST-ZIP		
TITLE	~~D~~	☒ DELETE	5.1 TITLE	Director	☐ Change ☒ Addition
NAME	~~BOVINETT, JOANN~~		5.2 NAME	Robert Bovinett	
STREET ADDRESS	~~5265 BOLERO CIRCLE~~		5.3 STREET ADDRESS	5265 Bolero Circle	
CITY-ST-ZIP	~~DELRAY BEACH FL~~		5.4 CITY-ST-ZIP	Delray Beach, Fl 33484	
TITLE	~~D~~	☒ DELETE	6.1 TITLE	Stella Zilinski	☐ Change ☒ Addition
NAME	~~NYSTROM, IRIS~~		6.2 NAME	Director	
STREET ADDRESS	~~5252 BOLERO CIRCLE~~		6.3 STREET ADDRESS	5296 Bolero Circle	
CITY-ST-ZIP	~~DELRAY BEACH FL~~		6.4 CITY-ST-ZIP	Delray Beach, Fl 33484	

CR2E037 (9/96)

14. I do hereby certify that the information supplied with this filing 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 Mel M. Steele REQUIRED 3/7/97 561 498-0480
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0044901