## **FILE NOW: FILING FEE IS \$61.25**

**NONPROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## **DOCUMENT # N13409**

CASA DEL REY AT VILLA DELRAY HOMEOWNERS ASSOCIAT ION, INC.

Principal Place of Business									
5248 BOLERO CIRCLE									
DEL RAY REACH EL 33484									

2. Principal Place of Business

Suite, Apt. #, etc.

บร

Mailing Address

5248 BOLERO CIRCLE DELRAY BEACH FL 33484

2a. Mailing Address

Suite, Apt. #, etc.

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## **FILED** Mar 11, 1999 8:00 am Secretary of State 03-11-1999 90022 011 \*\*\*\*61.25

Applied For

3. Date Incorporated or Qualifed

-02/12/1986 -

59-2677026

4. FEI Number

22		27				59-2	677026	_	Not	Applicable
City & State City & State 28			te			E C. diff. to of Otato - Decimal		\$8.75 A	dditional	
						5. Certifcate of Status Desired			Fee Required	
Zip	Country	Zip		Country		6. Electi	on Campaign Financin	9 🗂	\$5.00	vlay Be
24	25	29	30			Trust	Fund Contribution	<b>"</b>	Added to	Fees
:	9. Name and Address of Current	Registered Agen	t			10. Name	and Address of Nev	Registered A	Agent	
		<del></del>	<del></del>	81 Name						
HUSS, EM	m.v b			82 Street Address (P.O. Box Number is Not Acceptable)						
	ERO CIRCLE	31 Get Augress (F.O. dox Number is Not Necessary)								
	EACH FL 33484		83							
DELINAT D	EACH I E 33404			001.7					es Zin C	- de
				FL 85 Zip Code					oue	
11. Pursuant	to the provisions of Sections 617.0502	and 617.1508, Fi	orida Statutes, th	e above	e-named co	rporation subm	nits this statement for th	e purpose of	changing its r	egistered
office or r	egistered agent, or both, in the State of m familiar with, and accept the obligation	Florida, Such chi	ange was authon	zea_by	the <u>cor</u> pora	ation's board of	directors. I hereby acc	ept the appoir	itment as reg	stered
-	C . C Bucc	ina di, deciron di	7.0000, 1 mida s		נ עו	ZAA/		2/20	laa -	
SIGNATURE	Signature, typed subrinted name of registered agent a	nd title if applicable.	(NOTE: Regist	ered Wan	t signature equ	ired when reinstating	3)	DATE	7-1-	
12.	OFFICERS AND			13.		ADDIT	IONS/CHANGES TO C	FFICERS AN	D DIRECTOR	
TITLE	P		DELETE 1	.1 TITLE					☐ Change	☐ Addition
NAME	STEELE, MEL	1.2 %		2 NAME	/					
STREET ADDRESS	Tone not the circuit		.3 STREET	ADDRESS					SC Addition	
CITY-ST-ZIP	BELDAY BEACH EI		4 CITY-S	T-ZIP	,					
TITLE	V	<b>X</b>	DELETE 2	.1 πLE	1	1	1		Change	Addition
NAME	BOVINETT, ROBERT	•	2.2 NA/		l l	vise, Robert			•	1
STREET ADDRESS	· · · · · · · · · · · · · · · · · · ·		3 STREET	ADDRESS	7202 E	Belero Cir	ر او · · ·		Į	
CITY-ST-ZIP	DELENY DELOU EL COLOL		. 4 CITY-S	T-ZIP	Delrau	Beach, F	7 33 Y	84		
TITLE			1.1 TITLE	т Г	1/5		,	Change	Addition	
NAME	SCHMIERER, GEORGE	DRGE 32 N		.2 NAME	G	Gershenson, Barbara				,
STREET ADDRESS			3 STREET	ADDRESS	7163 Cc	rtez Cou	4			
CITY-ST-ZIP	DELRAY BEACH FL			.4. CITY-S		Delray	Beach.		84	
TITLE	ST			1 TITLE		T ,	-	<del></del>	Change	Addition
NAME	HUSS, EMILY		4	. 2 NAME	1	HU 89.	Emily a		1	ļ
STREET ADDRESS	*** ** *******************************		4	.3 STREET	ADDRESS		Boleto C	ircle		
CITY-ST-ZIP	DELRAY BEACH FL		14	.4 CITY-S	T-ZIP	elrau	Beach. F	7 33	484	
TITLE	D	7		i.1 TITLE		S			Channe	Addition
NAME	GORDON, STEVE	•	5	2 NAME		- Hacco	un, Bland	ור	_	:
STREET ADDRESS				.3 STREE	FADDRESS .	5245	Magellan u	oy−₩¢	25 T	1
CITY+ST-ZIP	DELDAY CEACH EL COACA		.4 CITY-S	T-ZIP	Delrau	Beach, Fl	35484	•		
TITLE	D		DELETE 6	1 TITLE	- i-	-	<del></del>	·	Change	Addition
NAME	ZILINSKI, STELLA	<del></del>		.2 NAME	1			. "		
STREET ADDRESS			<b>1</b> 6	3 STREET	ADDRESS		•			"
				6.4 CITY-S						
CITY-ST-ZIP	DELRAY BEACH FL certify that the information supplied with	this filing does n				n Section 119.0	7(3)(i). Florida Statute	s. I further cer	tify that the in	formation

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 embowered to execute this report as required by Chanter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or of an attackment with an endress, with all other like empowered.

SIGNATURE: