

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N13963

FILED  
Jan 07, 2009  
Secretary of State

**Entity Name:** VILLAS OF BOCA DELRAY II CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

5483 BOCA DELRAY BLVD  
DELRAY BCH., FL 33484

**New Principal Place of Business:**

**Current Mailing Address:**

5483 BOCA DELRAY BLVD  
DELRAY BCH., FL 33484

**New Mailing Address:**

**FEI Number:** 59-2406318

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

STAHL, IRWIN  
5254 FAIRWAY WOODS DR.  
DELRAY BEACH, FL 33484 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: FREEDMAN, ADINA  
Address: 5266 FAIRWAY WOODS DR.  
City-St-Zip: DELRAY BCH., FL 33484

Title: P ( ) Delete  
Name: LEVINE, ERWIN  
Address: 5242 FAIRWAY WOODS DR  
City-St-Zip: DELRAY BCH., FL 33484

Title: VP ( ) Delete  
Name: DREEZER, RAY  
Address: 5266 FAIRWAY WOODS DR.  
City-St-Zip: DELRAY BEACH, FL 33484

Title: DT ( ) Delete  
Name: STAHL, IRWIN  
Address: 5254 FAIRWAY WOODS DR.  
City-St-Zip: DELRAY BEACH, FL 33484

Title: D ( ) Delete  
Name: HAYMAN, MAQUIN  
Address: 5284 FAIRWAY WOOD DR  
City-St-Zip: DELRAY BEACH, FL 33484

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: IRWIN STAHL

TREA

01/07/2009

Electronic Signature of Signing Officer or Director

Date