


**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 05, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N26884</b>		
1. Entity Name DELRAY DENTAL SPECIALISTS CONDOMINIUM ASSOCIATION, INC.		
Principal Place of Business C/O THOMAS P. HUGHES 505 S.E. 6TH AVENUE DELRAY BEACH, FL 33483-5263	Mailing Address C/O THOMAS P. HUGHES 505 S.E. 6TH AVENUE DELRAY BEACH, FL 33483-5263	



01052007 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 65-0067580	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

**6. Name and Address of Current Registered Agent**

HUGHES, THOMAS P.  
505 S.E. 6TH AVENUE  
DELRAY BEACH, FL 33483-5263

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2007**

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

U000000624029  
02/14/07-80014-008 61.25

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HUGHES, THOMAS P. 959 HYACINTH DR. DELRAY BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHAPINS, FRANK D. 1340 S.W. 26TH AVENUE BOYNTON BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD DEPALMA, ROBERT A. 1540 SW 7TH TERR BOCA RATON, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Thomas P. Hughes*  
THOMAS P. HUGHES

1/5/07

561-272-5858

Dayside Phone #