2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 02, 2011
Secretary of State

DOCUMENT# N26884

Entity Name: DELRAY DENTAL SPECIALISTS CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

C/O THOMAS P. HUGHES
505 S.E. 6TH AVENUE
DELRAY BEACH, FL 334835263

New Principal Place of Business:

Current Mailing Address:

C/O THOMAS P. HUGHES
505 S.E. 6TH AVENUE
DELRAY BEACH, FL 334835263

New Mailing Address:

FEI Number: 65-0067580 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HUGHES, THOMAS P.
505 S.E. 6TH AVENUE
DELRAY BEACH, FL 334835263 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: PD
Name: HUGHES, THOMAS P.
Address: 505 SE 6 AVE
City-St-Zip: DELRAY BEACH, FL 33483

Title: D
Name: SHAPINS, FRANK D.
Address: 4609 TURNBERRY CT
City-St-Zip: BOYNTON BEACH, FL 33436

Title: STD
Name: DEPALMA, ROBERT A.
Address: 505 SE 6 AVE
City-St-Zip: DELRAY BEACH, FL 33483

I hereby 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 all other like empowered.

SIGNATURE: THOMAS P HUGHES PD 03/02/2011
Electronic Signature of Signing Officer or Director Date