

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # N36753 (4)

95 MAY -1 PM 1:06

1. Corporation Name
LAKES OF DELRAY ASSOCIATION OF DIRECTORS, INC.

Principal Place of Business Mailing Address
**C/O ST. JOHN & KING
500 AUSTRALIAN AVE. SO. S-600
WEST PALM BCH. FL 33401**
**15456 PEMBRIDGE DR
#112
DELRAY BCH FL 33484
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **02/20/1990** 3a. Date of Last Report **03/16/1994**
4. FEI Number **65-0222560** 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**
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **\$68.75 Supplemental Fee Not Required**
8. This corporation has liability for intangible tax under § 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Country Zip 29 Country 30
24 25 29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ST. JOHN, KING & DICKER
500 AUSTRALIAN AVE S
SUITE 600
WEST PALM BCH FL 33401**

81 Name **WEISS & HANDLER, P.A.**
82 Street Address (P.O. Box Number is Not Acceptable) **2255 Glades Road, Ste 218-A**
83
84 City **Boca Raton, FL** 85 Zip Code **33431**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE *[Signature]* (Henry B. Handler) 3/31/95

12. OFFICERS AND DIRECTORS
11 TITLE **S**
12 NAME **BLITT, IRENE**
13 STREET ADDRESS **15451 PEMBRIDGE AVE #212**
14 CITY, ST, ZIP **DELRAY BCH FL**
11 TITLE **P**
12 NAME **FLAX, MURRAY**
13 STREET ADDRESS **15456 PEMBRIDGE DR.**
14 CITY, ST, ZIP **DELRAY BCH. FL**
11 TITLE **D**
12 NAME **HALPERN, HY**
13 STREET ADDRESS **15244 LAKES OF DELRAY BLVD**
14 CITY, ST, ZIP **DELRAY BCH FL**
11 TITLE **V**
12 NAME **WEST, ED**
13 STREET ADDRESS **15109 ASHLAND AVE.**
14 CITY, ST, ZIP **DELRAY BCH. FL**
11 TITLE **T**
12 NAME **FRIEDMAN, MILTON**
13 STREET ADDRESS **5574 WITNEY DR APT. 302**
14 CITY, ST, ZIP **DELRAY BCH FL**
11 TITLE **V**
12 NAME **Bernard Nemiroff**
13 STREET ADDRESS **15461 Pembridge Dr.**
14 CITY, ST, ZIP **Delray Bch, FL. 33484**

13. ADDITIONAL CHANGE TO OFFICERS AND DIRECTORS IN 12
11 TITLE ☐ Change ☐ Addition
12 NAME
13 STREET ADDRESS
14 CITY, ST, ZIP
11 TITLE ☒ Change ☐ Addition
12 NAME **P/D**
13 STREET ADDRESS **Flax, Murray**
14 CITY, ST, ZIP **15456 Pembridge Dr. Apt. 112**
11 TITLE ☐ Change ☐ Addition
12 NAME
13 STREET ADDRESS
14 CITY, ST, ZIP **Delray Bch, FL. 33484**
11 TITLE ☐ Change ☐ Addition
12 NAME
13 STREET ADDRESS
14 CITY, ST, ZIP
11 TITLE ☒ Change ☐ Addition
12 NAME **V**
13 STREET ADDRESS **Harold Kleiner**
14 CITY, ST, ZIP **15090 Ashland Place**
11 TITLE ☒ Change ☐ Addition
12 NAME **T/D**
13 STREET ADDRESS **Friedman, Milton**
14 CITY, ST, ZIP **5574 Witney Drive Apt. 302**
11 TITLE ☐ Change ☒ Addition
12 NAME **V**
13 STREET ADDRESS **Bernard Nemiroff**
14 CITY, ST, ZIP **15461 Pembridge Dr.**
11 TITLE ☐ Change ☐ Addition
12 NAME
13 STREET ADDRESS
14 CITY, ST, ZIP **Delray Bch, FL. 33484**

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(6), 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. 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 other person with an address.

SIGNATURE:

[Signature] PRES.
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/3/95 (407) 495-9683