

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N36753 (4)

1. Corporation Name

LAKE OF DELRAY ASSOCIATION OF DIRECTORS, INC.



Principal Place of Business

C/O ST. JOHN & KING
500 AUSTRALIAN AVE. SO. S-600
WEST PALM BCH. FL 33401

Mailing Address

15456 PEMBRIDGE DR
#112
DELRAY BCH FL 33484
US

3. Date Incorporated or Qualified
02/20/1990

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 **15456 PEMBRIDGE DR.**

26 Suite, Apt. #, etc.

22 **112**

27 Suite, Apt. #, etc.

23 **DELRAY BCH. FL.**

28 City & State

24 **33484** 25 **US**

29 **30**

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**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**WEISS & HANDLER PA
2255 GLADES RD
SUITE 218-A
BOCA RATON FL 33431**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **S BLITT, IRENE**
STREET ADDRESS **15451 PEMBRIDGE AVE #212**
CITY-ST-ZIP **DELRAY BCH FL**

TITLE ☐ DELETE

NAME **PD FLAX, MURRAY**
STREET ADDRESS **15456 PEMBRIDGE DR APT 112**
CITY-ST-ZIP **DELRAY BEACH FL**

TITLE ☐ DELETE

NAME **D HALPERN, HY**
STREET ADDRESS **15244 LAKES OF DELRAY BLVD**
CITY-ST-ZIP **DELRAY BCH FL**

TITLE ☐ DELETE

NAME **V KLEINER, HAROLD**
STREET ADDRESS **15090 ASHLAND PL**
CITY-ST-ZIP **DELRAY BCH. FL**

TITLE ☐ DELETE

NAME **TD FREIDMAN, MILTON**
STREET ADDRESS **5574 WITNEY DR APT 302**
CITY-ST-ZIP **DELRAY BCH FL**

TITLE ☐ DELETE

NAME **V NEMIROFF, BERNARD**
STREET ADDRESS **15461 PEMBRIDGE DR**
CITY-ST-ZIP **DELRAY BEACH FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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(3)(k), 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; 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Murray Flax* **MURRAY FLAX** **4/16/96** **(407) 495-9683**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)