

2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N95000004503

FILED
Jul 18, 2006
Secretary of State

Entity Name: DELRAY BEACH HISTORIC HOMES PROPERTY OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

100 NW 1ST AVENUE
DELRAY BEACH, FL 33444

New Principal Place of Business:

20 N. SWINTON AVENUE
DELRAY BEACH, FL 33444

Current Mailing Address:

100 NW 1ST AVENUE
DELRAY BEACH, FL 33444

New Mailing Address:

20 N. SWINTON AVENUE
DELRAY BEACH, FL 33444

FEI Number: 65-0637072

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

JOSEPH, SAFFORD M
100 NW 1 AVENUE
DELRAY BEACH, FL 33444 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: JOSEPH STAFFORD

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: S () Delete
Name: WITECHA, LEONARD
Address: 24 N SWINTON AVENUE
City-St-Zip: DELRAY BEACH, FL 33444

Title: P () Delete
Name: HARDEN, DAVID
Address: 100 N.W. 1ST AVENUE
City-St-Zip: DELRAY BEACH, FL 33444

Title: T () Delete
Name: SAFFORD, JOSEPH M
Address: 100 N.W. 1ST AVENUE
City-St-Zip: DELRAY BEACH, FL 33444

Title: D () Delete
Name: WITZCHA, KIRK
Address: 24 N SWINTON AVE
City-St-Zip: DELRAY BEACH, FL 33444

Title: () Delete
Name:
Address:
City-St-Zip:

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: D () Change (X) Addition
Name: COLONNA, DIANE
Address: 20 N. SWINTON AVENUE
City-St-Zip: DELRAY BEACH, FL 33444

I hereby certify that the information supplied with this filing does not qualify for the 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: JOSEPH STAFFORD

D

07/18/2006

Electronic Signature of Signing Officer or Director

Date