


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 05, 2008 8:00 am**  
**Secretary of State**

03-05-2008 90026 003 \*\*\*\*61.25

<b>DOCUMENT # N97000000438</b>			
1. Entity Name <b>DELRAY LAKES HOMEOWNERS ASSOCIATION, INC.</b>			
Principal Place of Business <b>2328 S CONGRESS AVE #2A WEST PALM BEACH, FL 33406</b>		Mailing Address <b>2328 S CONGRESS AVE #2A WEST PALM BEACH, FL 33406</b>	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



02062008 Chg-NP CR2E037 (12/06)

4. FEI Number  
**59-3483768**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>CUSTOM PROPERTY MANAGEMENT, INC. 2328 SOUTH CONGRESS AVE. STE 2A WEST PALM BEACH, FL 33406</b>		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL Zip Code	

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>Filing Fee is \$61.25 Due by May 1, 2008</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>	<b>Make check payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GERWG, MARIANN</b>	NAME	
STREET ADDRESS	<b>2328 S CONGRESS AVE STE 2A</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>WEST PALM BEACH, FL 33406</b>	CITY-ST-ZIP	
TITLE	VPD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PEZZA, JACKI</b>	NAME	
STREET ADDRESS	<b>2328 S CONGRESS AVE STE 2A</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>WEST PALM BEACH, FL 33406</b>	CITY-ST-ZIP	
TITLE	VPD <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>BATHURST, WILLIAM</b>	NAME	<b>SD</b>
STREET ADDRESS	<b>2328 S CONGRESS AVE STE 2A</b>	STREET ADDRESS	<b>HEIDE, KURT</b>
CITY-ST-ZIP	<b>WEST PALM BEACH, FL 33406</b>	CITY-ST-ZIP	<b>2328 S. CONGRESS AVE., SUITE 2A</b>
TITLE	SD <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>LYNN, VICTOR</b>	NAME	<b>D</b>
STREET ADDRESS	<b>2328 S CONGRESS AVE STE 2A</b>	STREET ADDRESS	<b>COSTELLO, JEFFREY</b>
CITY-ST-ZIP	<b>WEST PALM BEACH, FL 33406</b>	CITY-ST-ZIP	<b>2328 S. CONGRESS AVE., SUITE 2A</b>
TITLE	TD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BLOSE, CHARLIE</b>	NAME	
STREET ADDRESS	<b>2328 S CONGRESS AVE STE 2A</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>WEST PALM BEACH, FL 33406</b>	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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:** Mariann Gerwig **PRESIDENT** 2/28/08 561-272-3700  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #