

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000000438

FILED  
Apr 12, 2012  
Secretary of State

**Entity Name:** DELRAY LAKES HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

2328 S CONGRESS AVE  
#2A  
WEST PALM BEACH, FL 33406

**New Principal Place of Business:**

**Current Mailing Address:**

2328 S CONGRESS AVE  
#2A  
WEST PALM BEACH, FL 33406

**New Mailing Address:**

**FEI Number:** 59-3483768

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CUSTOM PROPERTY MANAGEMENT, INC.  
2328 SOUTH CONGRESS AVE.  
STE 2A  
WEST PALM BEACH, FL 33406 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:** SHARP, JOE  
**Address:** 2328 S CONGRESS AVE STE 2A  
**City-St-Zip:** WEST PALM BEACH, FL 33406

**Title:** VPD  
**Name:** NOWICKI, JOHN  
**Address:** 2328 S CONGRESS AVE STE 2A  
**City-St-Zip:** WEST PALM BEACH, FL 33406

**Title:** SD  
**Name:** KRAUSE, JT  
**Address:** 2328 S CONGRESS AVE STE 2A  
**City-St-Zip:** WEST PALM BEACH, FL 33406

**Title:** TD  
**Name:** BLOSE, CHARLES R  
**Address:** 2328 S CONGRESS AVE STE 2A  
**City-St-Zip:** WEST PALM BEACH, FL 33406

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:** CHARLES BLOSE

TD

04/12/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date