


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90445 030 ****61.25

DOCUMENT # N97000005398

1. Entity Name
DELRAY DUNES CABLE T.V. FUND, INC.




Principal Place of Business
**12005 DUNES RD
 BOYNTON BEACH, FL 33436**

Mailing Address
**12005 DUNES RD
 BOYNTON BEACH, FL 33436**

2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

94065471



04192004 Chg-NP CR2E037 (10/03)

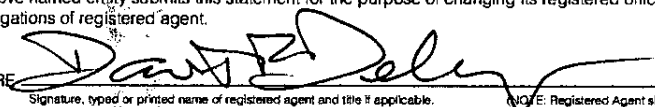
4. FEI Number
65-0782319 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
**MARTIN, JOSEPH A
 12005 DUNES RD
 BOYNTON BEACH, FL 33436**

7. Name and Address of New Registered Agent
 Name **DAVID F. DELANY**
 Street Address (P.O. Box Number is Not Acceptable)
12005 DUNES ROAD
 City **BOYNTON BEACH** FL Zip Code **33436**

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  DATE **4/21/04**

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

Filing Fee is: **\$61.25** Due by **May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make check payable to **Florida Department of State**

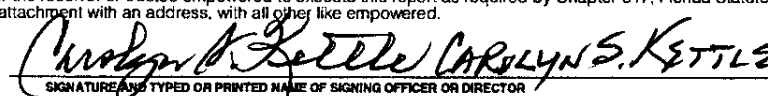
10. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	MARTIN, JOSEPH A	
STREET ADDRESS	4832 S LAKE DR	
CITY-ST-ZIP	BOYNTON BEACH, FL 33436	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	DELANY, DAVID F	
STREET ADDRESS	4937 SOUTH LAKE DRIVE	
CITY-ST-ZIP	BOYNTON BEACH, FL 33436	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	CARRODUS, J PAUL	
STREET ADDRESS	4564 S LAKE DR	
CITY-ST-ZIP	BOYNTON BEACH, FL 33436	
TITLE	ASTD	<input type="checkbox"/> Delete
NAME	KETTLE, CAROLYN S	
STREET ADDRESS	10 DANIA DRIVE 12005 DUNES ROAD	
CITY-ST-ZIP	BOYNTON BEACH, FL 33436	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	SWILLEY, DELMA W	
STREET ADDRESS	11676 DUNES ROAD	
CITY-ST-ZIP	BOYNTON BEACH, FL 33436	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVID F. DELANY	
STREET ADDRESS	12005 DUNES ROAD	
CITY-ST-ZIP	BOYNTON BEACH, FL 33436	
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBERT F. GRYER	
STREET ADDRESS	12005 DUNES ROAD	
CITY-ST-ZIP	BOYNTON BEACH, FL 33436	
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBERT E. BOUQUET	
STREET ADDRESS	12005 DUNES ROAD	
CITY-ST-ZIP	BOYNTON BEACH, FL 33436	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	→ 12005 DUNES ROAD	
CITY-ST-ZIP		
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HEATHER H. CONNELLY	
STREET ADDRESS	12005 DUNES ROAD	
CITY-ST-ZIP	BOYNTON BEACH, FL 33436	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  **CAROLYN S. KETTLE** DATE: **4-21-04** DAYTIME PHONE #: **511-732-1660**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR