


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 03, 2005 08:00 AM
Secretary of State

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		3. Mailing Address	
Suite, Apt #, etc.		Suite, Apt #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
DELANY, DAVID F 12005 DUNES RD BOYNTON BEACH, FL 33436		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PD DELANY, DAVID F 12005 DUNES ROAD BOYNTON BEACH, FL 33436	TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
TITLE	TD GEYER, ROBERT F 12005 DUNES ROAD BOYNTON BEACH, FL 33436	TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
TITLE	VD BOURQUE, ROBERT 12005 DUNES ROAD BOYNTON BEACH, FL 33436	TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
TITLE	ASTD KETTLE, CAROLYN S 12005 DUNES ROAD BOYNTON BEACH, FL 33436	TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
TITLE	SD CONNELLY, HEATHER H 12005 DUNES ROAD BOYNTON BEACH, FL 33436	TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>	TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
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: <i>Carolyn S. Kettle AS</i>		Date: 1-21-05 561-722-1660	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	



01282005 Chg-NP CR2E037 (10/03)

4. FEI Number 65-0782319 Applied For Not Applicable

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

100000213402
02/03/05-80063-009 61.25

CAROLYN S. KETTLE
1-21-05 561-722-1660