

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2006 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

DO NOT WRITE IN THIS SPACE



03132008 No Chg-NP CR2E037 (11/05)

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

DELANY, DAVID F
 12005 DUNES RD
 BOYNTON BEACH, FL 33436

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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, 2006

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

000000490840
 04/18/06-80072-005 61.25

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	DELANY, DAVID F
STREET ADDRESS	12005 DUNES ROAD
CITY-ST-ZIP	BOYNTON BEACH, FL 33436
TITLE	TD
NAME	GEYER, ROBERT F
STREET ADDRESS	12005 DUNES ROAD
CITY-ST-ZIP	BOYNTON BEACH, FL 33436
TITLE	VD
NAME	BOURQUE, ROBERT
STREET ADDRESS	12005 DUNES ROAD
CITY-ST-ZIP	BOYNTON BEACH, FL 33436
TITLE	ASTD
NAME	KETTLE, CAROLYN S
STREET ADDRESS	12005 DUNES ROAD
CITY-ST-ZIP	BOYNTON BEACH, FL 33436
TITLE	SD
NAME	CONNELLY, HEATHER H
STREET ADDRESS	12005 DUNES ROAD
CITY-ST-ZIP	BOYNTON BEACH, FL 33436
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: *Carolyn S Kettle*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3.27.06 *561.732.166*
 Date Daytime Phone #