

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 06, 2003 8:00 am**  
**Secretary of State**

03-06-2003 90119 048 \*\*\*\*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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0782319**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
Fee Required

CHECK HERE IF MAKING CHANGES



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

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

**FILE NOW: FEE IS \$61.25**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	<b>PD MARTIN, JOSEPH A</b>	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	<b>4832 S LAKE DR BOYNTON BEACH FL 33436</b>	
TITLE NAME	<b>T DELANY, DAVID F</b>	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	<b>4937 SOUTH LAKE DRIVE BOYNTON BEACH FL 33436</b>	
TITLE NAME	<b>VD CARRODUS, J PAUL</b>	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	<b>4564 S LAKE DR BOYNTON BEACH FL 33436</b>	
TITLE NAME	<b>ASTD KETTLE, CAROLYN S</b>	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	<b>16 BAHIA DRIVE BOYNTON BEACH FL 33436</b>	
TITLE NAME	<b>S SWILLEY, DELMA W</b>	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	<b>11676 DUNES ROAD BOYNTON BEACH FL 33436</b>	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP		

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-25-03 561-732-1660

CR2E037 (10/02)