

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2004 8:00 am
Secretary of State

03-29-2004 90400 003 ****70.00

DOCUMENT # N99000004901

1. Entity Name
DELRAY BUSINESS ASSOCIATES, INC.



Principal Place of Business
**14838 S MILITARY TRAIL
DELRAY BEACH, FL 33484**

Mailing Address
**4498 NW 26 AVE
BOCA RATON, FL 33434**

61000040



2. Principal Place of Business

1200 S. ROGERS CIRCLE

3. Mailing Address

1200 S. ROGERS CIRCLE

Suite, Apt. #, etc.

UNIT 8

Suite, Apt. #, etc.

UNIT 8

03242004

Chg-NP

CR2E037 (10/03)

City & State

BOCA RATON, FL

City & State

BOCA RATON FL

4. FEI Number

65-0235855

Applied For

Not Applicable

Zip

33487

Country

USA

Zip

33487

Country

USA

5. Certificate of Status Desired

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**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**MANUS, BARBARA
4498 NW 26 AVE
BOCA RATON, FL 33434**

7. Name and Address of New Registered Agent

Name **JAFFE, ROBERT A.**

Street Address (P.O. Box Number is Not Acceptable)

1200 S. ROGERS CIRCLE UNIT 8

City

BOCA RATON

FL

Zip Code

33487

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

Robert A. Jaffe **TREASURER**

ROBERT A. JAFFE, TREASURER

03/29/2004

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**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	GLANTZ, LLOYD	
STREET ADDRESS	14838 S MILITARY TRAIL	
CITY-ST-ZIP	DELRAY BEACH, FL 33484	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	EVANS, FRANCINE	
STREET ADDRESS	5300 W ATLANTIC AVE 2ND FLOOR	
CITY-ST-ZIP	DELRAY BEACH, FL 33484	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	MANUS, BARBARA	
STREET ADDRESS	4498 NW 26 AVE	
CITY-ST-ZIP	BOCA RATON, FL 33434	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	SHELSKY, DAVE	
STREET ADDRESS	1050 S FED HWY 143	
CITY-ST-ZIP	DELRAY BEACH, FL 33483	
TITLE	DPRG	<input checked="" type="checkbox"/> Delete
NAME	ANSTIS, JEFF	
STREET ADDRESS	110 ATLANTIC AVE. #235	
CITY-ST-ZIP	DELRAY BEACH, FL 33444	
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	DEPACE, SUSAN	
STREET ADDRESS	500 NE 5TH AVE #1	
CITY-ST-ZIP	DELRAY BEACH, FL 33483	
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DIGIOVANNI, DARIA A	
STREET ADDRESS	27 ROYAL PALM WAY UNIT 105	
CITY-ST-ZIP	BOCA RATON, FL 33432	
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JAFFE, ROBERT A.	
STREET ADDRESS	1200 S. ROGERS CIRCLE #8	
CITY-ST-ZIP	BOCA RATON, FL 33487-5703	
TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KAPLAN, STANLEY P.	
STREET ADDRESS	1801 CLINT MOORE ROAD #109	
CITY-ST-ZIP	BOCA RATON, FL 33487	
TITLE	DPRG	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LENTIN, DENNIS H.	
STREET ADDRESS	3852 BLACK FOREST CIRCLE	
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:

Robert A. Jaffe **TREASURER**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

03/29/04

Daytime Phone #

561-394-6633