

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2005 8:00 am
Secretary of State

01-18-2005 90032 049 ****70.00

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1. Entity Name
DELRAY BUSINESS ASSOCIATES, INC.



Principal Place of Business
**1200 S ROGERS CIRCLE
UNIT 8
BOCA RATON, FL 33487**

Mailing Address
**1200 S ROGERS CIRCLE
UNIT 8
BOCA RATON, FL 33487**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01122005

Chg-NP

CR2E037 (10/03)

4. FEI Number
65-0235855

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**JAFFE, ROBERT S
1200 S ROGERS CIRCLE
UNIT 8
BOCA RATON, FL 33487**

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

**Filing Fee is \$61.25
Due by May 1, 2005**

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 ☐ Delete
NAME DEPACE, SUSAN
STREET ADDRESS 500 NE 5TH AVE., #1
CITY-ST-ZIP DELRAY BEACH, FL 33483

TITLE SD ☐ Delete
NAME DIGIOVANNI, DARIA A
STREET ADDRESS 27 ROYAL PALM WAY, UNIT 105
CITY-ST-ZIP BOCA RATON, FL 33432

TITLE TD ☐ Delete
NAME JAFFE, ROBERT A
STREET ADDRESS 1200 S ROGERS CIRCLE, #8
CITY-ST-ZIP BOCA RATON, FL 334875703

TITLE VPD ☐ Delete
NAME KAPLAN, STANLEY P
STREET ADDRESS 1801 CLINT MOORE RD., #109
CITY-ST-ZIP BOCA RATON, FL 33487

TITLE DPRG ☐ Delete
NAME LENTIN, DENNIS
STREET ADDRESS 3852 BLACK FOREST CIRCLE
CITY-ST-ZIP BOYNTON BEACH, FL 33436

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☒ Change ☐ Addition
NAME GLANTZ, LLOYD
STREET ADDRESS 14838 MILITARY TRAIL
CITY-ST-ZIP DELRAY BEACH, FL 33484

TITLE SD ☒ Change ☐ Addition
NAME BRAVERMAN, CORINNE
STREET ADDRESS 701 W CYPRESS CREEK RD • SUITE 300
CITY-ST-ZIP FORT LAUDERDALE, FL 33309

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VPD ☒ Change ☐ Addition
NAME DEPACE, SUSAN
STREET ADDRESS 500 NE 5TH AVENUE #1
CITY-ST-ZIP DELRAY BEACH, FL 334843

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 **ROBERT A. JAFFE, TREAS** 1/12/05 561-394-6653
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #