

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 09, 2005 8:00 am
Secretary of State

05-09-2005 90287 038 ***150.00

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1. Entity Name
DELRAY FITNESS ENTERPRISES, INC.



Principal Place of Business
**4400 PGA BLVD., STE. 700
PALM BEACH GARDENS, FL 33410**

Mailing Address
**4400 PGA BLVD., STE. 700
PALM BEACH GARDENS, FL 33410**

14017413



05032005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
82-0567611

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**BOYER, JOHN W
4400 PGA BLVD., STE. 700
PALM BEACH GARDENS, FL 33410**

**DO NOT WRITE
IN THIS SPACE**

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, type or print name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DPT
BOYER, JOHN W
734 SANDY POINT LANE
NORTH PALM BEACH, FL 33410**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VD
SCHNEIDER, DAVID E
10060 NW 62ND STREET
PARKLAND, FL 33076**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VDS
ANGERS, GERALD R
784 ENEIDO ST
BOCA RATON, FL 33487**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
CEVY, JOHN B
1040 CORAL WAY
SINGER ISLAND, FL 33404**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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 607, 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:

DAVID E SCHNEIDER

Date

Daytime Phone #

301368 9989