2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000037199

RUTKOVSKY, LISA

KATONAH, NY 10536

P O BOX 803

Name:

Address:

City-St-Zip:

Entity Name: DELRAY BEACH PROPERTY, INC

FILED Apr 21, 2009 Secretary of State

Entity Nai	Me: DELRAY	BEACH PROPE	RTY, INC.				
Current Principal Place of Business:					New Principal Place of Business:		
	O BOX 803 ATONAH, NY 10536 US				254 KATONAH AVENI 203 KATONAH, NY 10536		
Current Mailing Address:					New Mailing Address:		
P O BOX 8 KATONAH	303 I, NY 10536	US					
FEI Number	: 65-0751824	FEI Number App	olied For ()	FEI Num	nber Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:					Name and Address of New Registered Agent:		
LOUIS J. CARBONE P.A. 11 SOUTH SWINTON AVE DELRAY BEACH, FL 33444 US					LOUIS J. CARBONE P.A. 90 SE 4TH AVENUE 1 DELRAY BEACH, FL 33483 US		
	e named entity e of Florida.	submits this state	ement for the	purpose of	f changing its registered	d office or registered agent, or both,	
SIGNATURE:						04/21/2009	
Election Car		nic Signature of F		ent		Date	
OFFICERS AND DIRECTORS:					ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	D (ROSNER, CH, P O BOX 803 KATONAH, NY				Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D (ROSNER, FR/ P O BOX 803 KATONAH, NY				Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D (RUTKOVSKY, P O BOX 803 KATONAH, NY				Title: Name: Address: City-St-Zip:	() Change () Addition	
Title:	D () Delete			Title:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: CHARLES ROSNER D 04/21/2009