

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 10, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # P98000063377**

1. Entity Name  
**DELRAY BEACH FESTIVAL ASSOCIATION, INC.**



Principal Place of Business  
**10 SE 1ST AVE., 2ND FLOOR  
DELRAY BCH, FL 33444**

Mailing Address  
**10 SE 1ST AVE., 2ND FLOOR  
DELRAY BCH, FL 33444**



03072005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**65-0882493**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**STEWART, NANCY  
10 SE 1ST AVE 2ND FLOOR  
DELRAY BCH, FL 33444**

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

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

|  |  |
|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | DPT<br>STEWART, NANCY<br>227 S. SWINTON AVE.<br>DELRAY BCH, FL 33444   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | S<br>RYAN, BERN<br>8001 ARLINGTON PLACE<br>W. PALM BCH, 33 405         |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VP<br>STEINBERG, MITCH<br>5302 SAPPHIRE VALLEY<br>BOCA RATON, FL 33486 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |

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03/10/05-80019-007 150.00

**DO NOT WRITE  
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)(f), 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:**

*Nancy Stewart*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-7-05 5612744667  
Date Daytime Phone #