

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 723946

Entity Name: LUCAYA DELRAY, INC.**Current Principal Place of Business:**2095 CATHERINE DRIVE
DELRAY BEACH, FL 33445**Current Mailing Address:**2095 CATHERINE DRIVE
DELRAY BEACH, FL 33445**FEI Number:** 59-1507467**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**ROSENBAUM MOLLENGARDEN PLLC
250 AUSTRALIAN AVENUE SOUTH - 5TH FLOOR
WEST PALM BEACH, FL 33401 US*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.***SIGNATURE:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	D
Name	SHAPIRO, ARIE
Address	15463 SW 8 AVE #E104
City-State-Zip:	DELRAY BEACH FL 33444

Title	PRESIDENT
Name	DAVIS, KENNETH
Address	3640 AIRPORT RD #5
City-State-Zip:	BOCA RATON FL 33431

Title	DIRECTOR
Name	CASTING, LANDY
Address	1540 S CONGRESS #1
City-State-Zip:	DELRAY BEACH FL 33445

Title	DIRECTOR
Name	BRIGGS, DOUGLAS
Address	925 NW 6TH AVENUE
City-State-Zip:	BOCA RATON FL 33432

Title	DIRECTOR
Name	MAGULICK, ROBERT
Address	600 NW 13 AVE
City-State-Zip:	BOCA RATON FL 33486

Title	TREASURER
Name	FEICHT, VICKI
Address	PO BOX 243399
City-State-Zip:	BOYNTON BEACH FL 33424-3399

Title	SECRETARY
Name	DAVIS, JEANINE
Address	3640 AIRPORT ROAD
City-State-Zip:	BOCA RATON FL 33431

I hereby 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: VICKI FEICHT**TREASURER****04/21/2015**_____
Electronic Signature of Signing Officer/Director Detail_____
Date