

2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 742131

Entity Name: DELAIRE COUNTRY CLUB, INC.**Current Principal Place of Business:**4645 WHITE CEDAR LANE
DELRAY BEACH, FL 33445**Current Mailing Address:**4645 WHITE CEDAR LANE
DELRAY BEACH, FL 33445 US**FEI Number:** 59-1856831**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**RODGERS, LINDA
4645 WHITE CEDAR LANE
DELRAY BEACH, FL 33445 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	TREASURER
Name	DANKO , GEORGE
Address	4521 LIVE OAK BLVD
City-State-Zip:	DELRAY BEACH FL 33445

Title	PRESIDENT
Name	KAPLAN, DAVID
Address	4150 LIVE OAK BLVD
City-State-Zip:	DELRAY BEACH FL 33445

Title	1ST VICE PRESIDENT
Name	SAMAKOW, MICHAEL
Address	4373 WHITE CEDAR LANE
City-State-Zip:	DELRAY BEACH FL 33445

Title	SECRETARY
Name	LYNETTE, ANDREW
Address	4009 LIVEOAK BLVD
City-State-Zip:	DELRAY BEACH FL 33445

Title	2ND VICE PRESIDENT
Name	CARVER, NANCY
Address	3881 LIVE OAK BLVD
City-State-Zip:	DELRAY BEACH FL 33445

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: DAVID KAPLAN**PRESIDENT****04/08/2022**_____
Electronic Signature of Signing Officer/Director Detail_____
Date