

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000002932

Entity Name: ALLIANCE OF DELRAY RESIDENTIAL ASSOCIATIONS, INC.**FILED**
Apr 02, 2013
Secretary of State
CC5996498161**Current Principal Place of Business:**40 S.E. 5TH STREET,
SUITE 610
BOCA RATON, FL 33432**Current Mailing Address:**40 S.E.5TH STREET
SUITE 610
BOCA RATON, FL 33432 US**FEI Number:** 65-0698232**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**GERSTIN, JOSHUA G. ESQ.
40 S.E. 5TH STREET
SUITE 610
BOCA RATON, FL 33432 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:** JOSHUA G. GERSTIN

04/02/2013

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	P
Name	SCHULBAUM, ROBERT
Address	15474 FIORENZA CIRCLE
City-State-Zip:	DELRAY BEACH FL 33446
Title	VP
Name	WALDEN, MARGIE J.
Address	C/O 40 S.E. 5TH STREET, SUITE 610
City-State-Zip:	BOCA RATON FL 33432
Title	S
Name	SPIELHOLZ, EVELYN
Address	C/O 40 S.E. 5TH STREET, SUITE 610
City-State-Zip:	BOCA RATON FL 33432

Title	VP
Name	VINIKOOR, LORI
Address	C/O 40 S.E. 5TH STREET, SUITE 610
City-State-Zip:	BOCA RATON FL 33432
Title	VP
Name	GOODMAN, STANLEY
Address	C/O 40 S.E. 5TH STREET, SUITE 610
City-State-Zip:	BOCA RATON FL 33432
Title	T
Name	KALISH, STANLEY
Address	C/O 40 S.E. 5TH STREET, SUITE 610
City-State-Zip:	BOCA RATON FL 33432

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: ROBERT SCHULBAUM**PRESIDENT**

04/02/2013

Electronic Signature of Signing Officer/Director Detail

Date