



# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 06, 2006 8:00 am**  
**Secretary of State**

02-06-2006 90065 011 \*\*\*\*61.25

|  |  |   |  |   |  |
|--|--|---|--|---|--|
| <b>DOCUMENT # 733912</b><br>1. Entity Name<br><b>DEL RIO VILLAGE TOWNHOUSE HOMEOWNERS ASSOCIATION, INC.</b>  |  |   |  |                      |  |
| Principal Place of Business<br><b>7732 BALBOA STREET<br/>SUNRISE, FL 33351</b>   |  |   | Mailing Address<br><b>7732 BALBOA STREET<br/>SUNRISE, FL 33351</b>   |   |  |
| 2. Principal Place of Business<br><br>Suite, Apt. #, etc.  |  | 3. Mailing Address<br><br>Suite, Apt. #, etc.   |  | <b>60012066</b><br> |  |
| City & State   |  | City & State  |  | 01052006 Chg-NP CR2E037 (11/05)   |  |
| Zip Country  |  | Zip Country   |  | 4. FEI Number<br><b>59-1804041</b>  |  |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required   |  |   |  | Applied For<br><input type="checkbox"/> Not Applicable  |  |
| 6. Name and Address of Current Registered Agent<br><br><b>HERNANDEZ, CLAUDIA<br/>7732 BALBOA STREET<br/>SUNRISE, FL 33351</b>  |  |   | 7. Name and Address of New Registered Agent<br>Name <b>FONT, JOSE</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>4024 DEL RIO WAY</b><br>City <b>SUNRISE</b> FL Zip Code <b>33351</b> |   |  |
| 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.<br>SIGNATURE <u><i>José A. Font</i></u> President <b>JOSÉ A. FONT</b> <u>1/21/06</u><br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>   |  |   |  |   |  |
| <b>Filing Fee is \$61.25<br/>Due by May 1, 2006</b>  |  | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |  | Make check payable to<br><b>Florida Department of State</b>   |  |
| <b>10. OFFICERS AND DIRECTORS</b>  |  |   | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | VPD<br>HERNANDEZ, CLAUDIA M<br>4002 DEL RIO WAY<br>SUNRISE, FL 33351 | <input checked="" type="checkbox"/> Delete<br><i>Barrant</i>  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | VICE PRESIDENT<br>BARRANT, JOHN<br>4008 DEL RIO WAY<br>SUNRISE, FL 33351                              | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | PD<br>FONT, JOSE<br>4024 BEL RIO WAY<br>SUNRISE, FL 33351            | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | PRESIDENT<br>FONT, JOSE<br>4024 DEL RIO WAY<br>SUNRISE, FL 33351                                      | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | STD<br>HOUCK, BRENT<br>7775 GLE ST<br>SUNRISE, FL 33351              | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | TREASURER<br>HOUCK, BRENT<br>7775 GRANDE STREET<br>SUNRISE, FL 33351                                  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete                                      |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                     |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete                                      |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                     |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete                                      |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                     |  |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. |  |   |  |   |  |
| SIGNATURE: <u><i>José A. Font</i></u> President <b>JOSÉ A. FONT</b> <u>1/21/06</u> <u>954-748-7451</u><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>   |  |   |  |   |  |