

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

95 MAY -1 AM 11:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 738776 (4)

1. Corporation Name

**DEL MAR VILLAGE, SECTION 1. HOMEOWNERS ASSOCIATI
ON, INC.**

Principal Place of Business

Mailing Address

7033 SW SEBASTIAN CIRCLE
BOCA RATON FL 33433
US

P.O. BOX 3690
BOCA RATON FL 33427
US

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified

04/21/1977

3a. Date of Last Report

04/28/1994

4. FBI Number

59-2102366

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

29

30

5. Certificate of Status Desired

☐

**\$6.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

7. Nonprofit with IRS 501(c)(3)

☐

**\$68.75 Supplemental
Fee Not Required**

8. This corporation has liability for intangible tax under S. 189.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**KLEIN, ANTON
7033 SAN SEBASTIAN CIRCLE
DEL MAR VILLAGE, SECTION 1, HOMEOWNERS ASC
BOCA RATON FL 33433**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME KLEIN, ANTON
STREET ADDRESS 7033 SAN SEBASTIAN CIRCLE
CITY-ST-ZIP BOCA RATON FL

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE VD
NAME HIRSCH, KENNETH
STREET ADDRESS 7078 SAN SALVADOR DR.
CITY-ST-ZIP BOCA RATON FL

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☒ Change ☐ Addition

TITLE SD
NAME WALDHEIM, ELEANOR
STREET ADDRESS 7108 SAN SALVADOR DR.
CITY-ST-ZIP BOCA RATON FL

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☒ Change ☐ Addition

TITLE D
NAME DEFILIPPIS, NICK
STREET ADDRESS 7021 SAN SEBASTIAN CIRCLE
CITY-ST-ZIP BOCA RATON FL

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE D
NAME KUNKEL, MARY
STREET ADDRESS 7014 SAN SEBASTIAN CIRCLE
CITY-ST-ZIP BOCA RATON FL

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE TD
NAME CAIN, LESTER
STREET ADDRESS 7228 SAN SEBASTIAN DR.
CITY-ST-ZIP BOCA RATON FL

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Lester R. Cain **LESTER R. CAIN**

4-26-95 407-395-7573

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #