

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

FILED
May 01 1996 8:00 am
Secretary of State

DOCUMENT # 738776 (4)
1. Corporation Name
DEL MAR VILLAGE, SECTION 1, HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business: **7033 SW SEBASTIAN CIRCLE BOCA RATON FL 33433 US**
Mailing Address: **P.O. BOX 3690 BOCA RATON FL 33427 US**

3. Date Incorporated or Qualified: **04/21/1977**
3a. Date of Last Report: **05/01/1995**
4. FEI Number: **59-2102366**
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: **21**
2a. Mailing Address: **26**
Suite, Apt. #, etc.: **22**
City & State: **23**
Zip: **24** Country: **25**
Zip: **29** Country: **30**

9. Name and Address of Current Registered Agent
**KLEIN, ANTON
7033 SAN SEBASTIAN CIRCLE
DEL MAR VILLAGE, SECTION 1, HOMEOWNERS ASC
BOCA RATON FL 33433**

10. Name and Address of New Registered Agent
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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent signature required when re-registering) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	KLEIN, ANTON	
STREET ADDRESS	7033 SAN SEBASTIAN CIRCLE	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	VCD	<input type="checkbox"/> DELETE
NAME	ESTES, DON	
STREET ADDRESS	7267 SAN SEBASTIAN DR	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	WHITE, VERA	
STREET ADDRESS	7200 SAN SEBASTIAN DR	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DEFILIPPIS, NICK	
STREET ADDRESS	7021 SAN SEBASTIAN CIRCLE	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	KUNKEL, MARY	
STREET ADDRESS	7014 SAN SEBASTIAN CIRCLE	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	CAIN, LESTER	
STREET ADDRESS	7228 SAN SEBASTIAN DR.	
CITY-ST-ZIP	BOCA RATON FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		33433
2.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		33433
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		33433
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		33433
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	DEAL, JAMES	
5.3 STREET ADDRESS	7035 SAN SEBASTIAN CIRCLE	
5.4 CITY-ST-ZIP	BOCA RATON, FL. 33433	
6.1 TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	GAGNON, MICHAEL	
6.3 STREET ADDRESS	7076 SAN SEBASTIAN CIRCLE	
6.4 CITY-ST-ZIP	BOCA RATON, FL. 33433	

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)(k), 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: *Michael Gagnon* MICHAEL GAGNON Date: 4-28-96 Daytime Phone #: 407.394-6476

CR2E037 (12/95)