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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

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

25

29

30

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 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD** ☐ DELETE

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

1.1 TITLE **VD** ☒ Change ☐ Addition

1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP **33433**

TITLE **VCD** ☐ DELETE

NAME **ESTES, DON**
STREET ADDRESS **7267 SAN SEBASTIAN DR**
CITY-ST-ZIP **BOCA RATON FL**

2.1 TITLE **PD** ☒ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP **33433**

TITLE **SD** ☐ DELETE

NAME **WHITE, VERA**
STREET ADDRESS **7200 SAN SEBASTIAN DR**
CITY-ST-ZIP **BOCA RATON FL**

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP **33433**

TITLE **D** ☐ DELETE

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

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP **33433**

TITLE **D** ☒ DELETE

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

5.1 TITLE **D** ☐ Change ☒ Addition

5.2 NAME **DEAL, JAMES**
5.3 STREET ADDRESS **7035 SAN SEBASTIAN CIRCLE**
5.4 CITY-ST-ZIP **BOCA RATON, FL. 33433**

TITLE **TD** ☒ DELETE

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

6.1 TITLE **TD** ☐ Change ☒ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MICHAEL GAGNON

4-28-96

Date

407. 394-6476

Daytime Phone #

CR2E037 (12/95)