


FILE NOW: FILING FEE IS \$61.25

FILED

May 15 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # **738776** (4)

1. Corporation Name

**DEL MAR VILLAGE, SECTION 1, HOMEOWNERS ASSOCIATION, INC.**

Principal Place of Business

**7267 SAN SEBASTIAN DR.  
7800 SW SEBASTIAN CIRCLE  
BOCA RATON FL 33433  
US**

Mailing Address

**P.O. BOX 3680  
BOCA RATON FL 33427  
US**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>04/21/1977</b>		3a. Date of Last Report <b>05/01/1996</b>	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number <b>59-2102366</b>		Applied For <input type="checkbox"/> Not Applicable	
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
23	Zip	28	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
24	Country	29	Zip	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

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 **DAVID DANKO**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**7174 SAN SEBASTIAN DRIVE**  
83 **DEL MAR VILLAGE SEC 1 HOMEOWNERS ASSOC.**  
84 City **BOCA RATON, FL** 85 Zip Code **33433**

11. Pursuant to the provisions of Sections 617.0502 and 617.1506, 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 **DAVID DANKO**  **4-23-97**  
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	<b>VD</b> <input type="checkbox"/> DELETE	1.1 TITLE	<b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KLEIN, ANTON</b>	1.2 NAME	
STREET ADDRESS	<b>7033 SAN SEBASTIAN CIRCLE</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>BOCA RATON FL</b>	1.4 CITY-ST-ZIP	
TITLE	<b>PD</b> <input type="checkbox"/> DELETE	2.1 TITLE	<b>TD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ESTES, DON</b>	2.2 NAME	
STREET ADDRESS	<b>7287 SAN SEBASTIAN DR</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>BOCA RATON FL</b>	2.4 CITY-ST-ZIP	
TITLE	<b>SD</b> <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<b>SD</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>WHITE, VERA</b>	3.2 NAME	<b>KERRIE LAVIN</b>
STREET ADDRESS	<b>7200 SAN SEBASTIAN DR</b>	3.3 STREET ADDRESS	<b>7054 SAN SEBASTIAN CIRCLE</b>
CITY-ST-ZIP	<b>BOCA RATON FL</b>	3.4 CITY-ST-ZIP	<b>BOCA RATON, FL. 33433</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<b>PD</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>DEFILIPPIS, NICK</b>	4.2 NAME	<b>DAVID DANKO</b>
STREET ADDRESS	<b>7021 SAN SEBASTIAN CIRCLE</b>	4.3 STREET ADDRESS	<b>7174 SAN SEBASTIAN DR.</b>
CITY-ST-ZIP	<b>BOCA RATON FL</b>	4.4 CITY-ST-ZIP	<b>BOCA RATON, FL. 33433</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<b>VD</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>DEAL, JAMES</b>	5.2 NAME	<b>DAVID MADISON</b>
STREET ADDRESS	<b>7035 SAN SEBASTIAN CIRCLE</b>	5.3 STREET ADDRESS	<b>7273 SAN SEBASTIAN DR.</b>
CITY-ST-ZIP	<b>BOCA RATON FL</b>	5.4 CITY-ST-ZIP	<b>BOCA RATON, FL. 33433</b>
TITLE	<b>TD</b> <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>GAGNON, MICHAEL</b>	6.2 NAME	<b>KAREN O'KEEFE</b>
STREET ADDRESS	<b>7076 SAN SEBASTIAN CIRCLE</b>	6.3 STREET ADDRESS	<b>7063 SAN SEBASTIAN CIR.</b>
CITY-ST-ZIP	<b>BOCA RATON FL</b>	6.4 CITY-ST-ZIP	<b>BOCA RATON, FL. 33433</b>

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(a), 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 of the estate 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:  **4/23/97** **SGI-394-0586**

CR2E037 (9/96)