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May 15 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
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., 7633 SW SEBASTIAN CIRCLE, BOCA RATON FL 33433, US  
Mailing Address: P.O. BOX 3680, BOCA RATON FL 33427, US

3. Date Incorporated or Qualified: 04/21/1977  
3a. Date of Last Report: 05/01/1996  
4. FEI Number: 59-2102366  
Applied For: Not Applicable  
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 (21-24) and 2a. Mailing Address (25-30) fields with sub-headers for Suite, Apt. #, etc., City & State, Zip, and Country.

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 City: 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 617.1508, 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: DAVID DANKO (Signature) / DAVID DANKO (Printed Name) / 4-23-97 (Date)  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	VD	<input type="checkbox"/> DELETE
NAME	KLEIN, ANTON	
STREET ADDRESS	7033 SAN SEBASTIAN CIRCLE	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	ESTES, DON	
STREET ADDRESS	7287 SAN SEBASTIAN DR	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	WHITE, VERA	
STREET ADDRESS	7200 SAN SEBASTIAN DR	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	D	<input checked="" 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	DEAL, JAMES	
STREET ADDRESS	7035 SAN SEBASTIAN CIRCLE	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	GAGNON, MICHAEL	
STREET ADDRESS	7076 SAN SEBASTIAN CIRCLE	
CITY-ST-ZIP	BOCA RATON FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	KERRIE LAVIN	
3.3 STREET ADDRESS	7054 SAN SEBASTIAN CIRCLE	
3.4 CITY-ST-ZIP	BOCA RATON, FL. 33433	
4.1 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	DAVID DANKO	
4.3 STREET ADDRESS	7174 SAN SEBASTIAN DR.	
4.4 CITY-ST-ZIP	BOCA RATON, FL. 33433	
5.1 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	DAVID MADISON	
5.3 STREET ADDRESS	7273 SAN SEBASTIAN DR.	
5.4 CITY-ST-ZIP	BOCA RATON, FL. 33433	
6.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	KAREN O'KEEFE	
6.3 STREET ADDRESS	7063 SAN SEBASTIAN CIR.	
6.4 CITY-ST-ZIP	BOCA RATON, FL. 33433	

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 it duly 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] / 4/23/97 / 61-394-0586

CR2E037 (9/96)