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**Secretary of State**

03-01-1999 90126 048 \*\*\*\*61.25

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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # 738776**

1. Corporation Name

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

Principal Place of Business

Mailing Address

7267 SAN SEBASTIAN DR  
BOCA RATON FL 33433  
US

P.O. BOX 3690  
BOCA RATON FL 33427  
US



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

3. Date Incorporated or Qualified

04/21/1977

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

~~DANKO, DAVID~~ **ESTES, DONALD E.**  
~~7174 SAN SEBASTIAN DR~~ **7267 SAN SEBASTIAN DR**  
**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 **Donald E. Estes**  
Signature, typed or printed name of registered agent and title if applicable.

**DONALD E. ESTES**

**2/13/99**

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D** ☐ DELETE

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

TITLE **TD** ☐ DELETE

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

TITLE **SD** ☐ DELETE

NAME **LAVIN, KERRIE**  
STREET ADDRESS **7054 SAN SEBASTIAN CIR**  
CITY-ST-ZIP **BOCA RATON FL 33433**

TITLE **PD** ☒ DELETE

NAME **DANKO, DAVID**  
STREET ADDRESS **7174 SAN SEBASTIAN DR**  
CITY-ST-ZIP **BOCA RATON FL 33433**

TITLE **VD** ☐ DELETE

NAME **MADISON, DAVID**  
STREET ADDRESS **7273 SAN SEBASTIAN DR**  
CITY-ST-ZIP **BOCA RATON FL 33433**

TITLE **D** ☐ DELETE

NAME **O'KEEFE, KAREN**  
STREET ADDRESS **7267 SAN SEBASTIAN DR**  
CITY-ST-ZIP **BOCA RATON FL 33433**

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☒ Change ☐ Addition

☐ Change ☐ Addition

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☐ Change ☐ Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

SIGNATURE:

**Donald E. Estes** **2/13/99** **561 395-8969**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/98)