

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 FEB -8 PM 4:00

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

200004926972--1
-02/14/02--01068--024



REINSTATEMENT

01-02

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

04/21/1977

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-2102366

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	KLEIN, ANTON	7033 SAN SEBASTIAN CIRCLE	BOCA RATON FL 33433
ID VD	ESTES, DON Ken Cohen	7267 SAN SEBASTIAN DR 21634 SONOMA CT	BOCA RATON FL 33433
SD T-D	LAVIN, KERRIE Robert Gentile	7054 SAN SEBASTIAN CIR	BOCA RATON FL 33433
VD S-D	MADISON, DAVID Eleanor Waldheim	7273 SAN SEBASTIAN DR 7106 SAN SALVADOR DR	BOCA RATON FL 33433
D	O'KEEFE, KAREN	7267 SAN SEBASTIAN DR	BOCA RATON FL 33433

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

~~ESTES, DONALD E~~ Robert Gentile
~~7267 SAN SEBASTIAN DRIVE~~ 7322 San Sebastian
DEL MAR VILLAGE, SECTION 1, HOMEOWNERS ASC DR
BOCA RATON FL 33433

Name

~~Robert Gentile~~

Street Address (P.O. Box Number is Not Acceptable)

7322 San Sebastian DR

Suite, Apt. #, Etc.

City

Boca Raton

State

FL

Zip Code

33433

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

Robert Gentile
REGISTERED AGENT MUST SIGN

Date

2/5/02

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2/5/02

Daytime Phone #

CR2E040 (8/01)