

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 14, 2007 8:00 am
Secretary of State

02-14-2007 90044 038 ****61.25

DOCUMENT # 738776

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



Principal Place of Business
**7267 SAN SEBASTIAN DR
BOCA RATON, FL 33433 US**

Mailing Address
**P.O. BOX 3690
BOCA RATON, FL 33427 US**

40016437



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02112007 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number
59-2102366

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GENTILE, ROBERT
7322 SAN SEBASTIAN DR
BOCA RATON, FL 33433**

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Delete
NAME **GENTILE, ROBERT**
STREET ADDRESS **7322 SAN SEBASTIAN DR.**
CITY-ST-ZIP **BOCA RATON, FL 33433**

TITLE **(D)** ☐ Change ☒ Addition
NAME **CHAYA PHILLIPS, CHAYA (D)**
STREET ADDRESS **21656 NAPA CT.**
CITY-ST-ZIP **BOCA RATON, FL 33433**

TITLE **P** ☐ Delete
NAME **KLEIN, ANTON**
STREET ADDRESS **7033 SAN SEBASTIAN CIRCLE**
CITY-ST-ZIP **BOCA RATON, FL 33433**

TITLE **D** ☐ Change ☒ Addition
NAME **FLEMING, MICHELE**
STREET ADDRESS **7168 SAN SALVADOR DR**
CITY-ST-ZIP **BOCA RATON, FL 33433**

TITLE **VD** ☐ Delete
NAME **ROTHENBERG, BRADLEY**
STREET ADDRESS **7009 SAN SEBASTIAN CIRCLR**
CITY-ST-ZIP **BOCA RATON, FL 33433**

TITLE **D** ☐ Change ☒ Addition
NAME **LIEBERMAN, NORMAN**
STREET ADDRESS **7048 SAN SEBASTIAN CIRCLE**
CITY-ST-ZIP **BOCA RATON, FL 33433**

TITLE **TD** ☐ Delete
NAME **RUDMAN, JACK**
STREET ADDRESS **7249 SAN SEBASTIAN DRIVE**
CITY-ST-ZIP **BOCA RATON, FL 33433**

TITLE **D** ☐ Change ☒ Addition
NAME **GAGNON, MICHAEL**
STREET ADDRESS **7076 SAN SEBASTIAN CIRCLE**
CITY-ST-ZIP **BOCA RATON, FL 33433**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Jack B. Rudman **JACK RUDMAN**

Date

2/11/07

Daytime Phone #

561-926-2121