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**Apr 14, 1999 8:00 am**  
**Secretary of State**

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**NONPROFIT CORPORATION ANNUAL REPORT 1999**



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

**DOCUMENT # 740969**

1. Corporation Name

**DELRAY OCEAN VILLAS CONDOMINIUM ASSOCIATION, INC**

Principal Place of Business

C/O M.J. GALLUP Accounting  
 235 NE 6TH AVE.  
 DELRAY BCH FL 33483  
 US

Mailing Address

C/O M.J. GALLUP Accounting  
 235 NE 6TH AVE.  
 DELRAY BCH FL 33483  
 US



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number  
**59-1783353**

Applied For  
 Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

23 Zip Country

28 Zip Country

6. Election Campaign Financing Trust Fund Contribution

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

24 25

29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**GALLUP, M.J.**  
**235 NE 6TH AVE**  
**DELRAY BEACH FL 33483**

81 Name  
**Pugh, David J.**

82 Street Address (P.O. Box Number is Not Acceptable)  
**235 NE 6th Avenue**

83

84 City  
**Delray Beach**

85 Zip Code  
**FL 33483**

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

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  DELETE  
 NAME **SDP KOHLER, DONALD F**  
 STREET ADDRESS **316 JARVIS LN**  
 CITY-ST-ZIP **LOUISVILLE, FL 00000**

1.1 TITLE  Change  Addition  
 1.2 NAME  
 1.3 STREET ADDRESS  
 1.4 CITY-ST-ZIP

TITLE  DELETE  
 NAME **VDT PRICE, RONALD**  
 STREET ADDRESS **840 RIVER ROAD**  
 CITY-ST-ZIP **BEAVER PA**

2.1 TITLE  Change  Addition  
 2.2 NAME  
 2.3 STREET ADDRESS  
 2.4 CITY-ST-ZIP

TITLE  DELETE  
 NAME **D GALLUP, M.J.**  
 STREET ADDRESS **235 NE 6TH AVE.**  
 CITY-ST-ZIP **DELRAY BCH. FL**

3.1 TITLE  Change  Addition  
 3.2 NAME **D Pugh, David J.**  
 3.3 STREET ADDRESS **235 NE 6th Avenue**  
 3.4 CITY-ST-ZIP **Delray Beach, FL 33483**

TITLE  DELETE  
 NAME **D QUAY, CAROLYN**  
 STREET ADDRESS **1000 OCEAN TERR B**  
 CITY-ST-ZIP **DELRAY BEACH FL**

4.1 TITLE  Change  Addition  
 4.2 NAME  
 4.3 STREET ADDRESS  
 4.4 CITY-ST-ZIP

TITLE  DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

5.1 TITLE  Change  Addition  
 5.2 NAME  
 5.3 STREET ADDRESS  
 5.4 CITY-ST-ZIP

TITLE  DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

6.1 TITLE  Change  Addition  
 6.2 NAME  
 6.3 STREET ADDRESS  
 6.4 CITY-ST-ZIP

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:

**SIGNATURE REQUIRED**

4/8/99 (561) 292-2617

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037-(1198)