## 2005 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT (AR)**

**SIGNATURE** 

## Feb 16, 2005 8:00 am Secretary of State **DOCUMENT # 740969** 1. Entity Name 02-16-2005 90059 015 \*\*\*\*61.25 DELRAY OCEAN VILLAS CONDOMINIUM ASSOCIATION. INC. Principal Place of Business Mailing Address 1000 OCAEN TERRACE POLITABL P.O. BOX 639 DELRAY BEACH FL 33483 **DELRAY BEACH FL 33483** 2. Principal Place of Business Suite, Apt. #, etc. CR2E037 (10/04) City & State Applied For 4. ÉÉI Number 59-1783353 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SERGIO'S PROPERTY MANAGEMENT, INC. Street Address (P.O. Box Number is Not Acceptable) **60 VENETIAN DRIVE DELRAY BEACH FL 33483** City 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 (NOTE: Registered Agent signature required when reinstating) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Trust Fund Contribution. Due By May 1, 2005 Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. Change ☐ Defete TITLE ☐ Addition KOHLER, DONALD F NAME NAME 316 JARVIS LN STREET ADDRESS STREET ADDRESS LOUISVILLE, FL 00000 City-St-7iP CITY-ST-7IP VDT TITLE ☐ Delete TITLE Addition PRICE, RONALD NAME NAMF 300 6TH STREET, APT. 11 STREET ADDRESS STREET ADDRESS BEAVER PA 15009-1959 CITY-ST-ZIP CITY-ST-ZIP Delete 🚺 Change ☐ Addition DUNN, WAYNE NAME NAME 301 CEDARWOOD LANE STREET ADDRESS STREET ADDRESS ANDERSON SC 29624 CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Delete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE 🛣 Addition Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. 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 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 rustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if of the corporation or the rece changed, or on an attachmen

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