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NONPROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #
1. Corporation Name

746375

(5)

## DEAUVILLE VILLAGE CONDOMINIUM ASSOCIATION, INC.

Suite, Apt. #, etc.  Suite, Apt. #, etc.  City & State  Country  Count							
DEJRAY BEACH FL 33446   DEJRAY BEACH FL 33446   30   DEJRAY BEACH FL 334	Principal Place of Business		Mailing Address	Mailing Address		AND BURN BURN BURN BURN BURN BURN BURN ARRIV	
2. Prince pal Place of Business							
SUITE ADDITIONS   SUITE ADDI							
City & State	2. Principal Pl	ace of Business	<u>⊢¬</u>				
28	22				5. Certificate of Status Desired		
S.   S.   S.   S.   S.   S.   S.   S.	23	?					
ST. JOHN, DAVID  500 AUSTRALIAN AVENUE SOUTH, SUITE 600 SUITE 800 WEST PALM BEACH FL 33401  11. Pursuant to the provisions of Sections 617.0502 and 617.1508 Florids Statutes, the above-named corporation submits this statement for the purpose of changing is registered gener. Lam standard with, and accept the obligations of, Section 617.0503, Florids Statutes, and the company of t	Zip <b>24</b>	25	29		Florida Statutes	Yes No	
ST. JOHN, DAVID SOO AUSTRALIAN AVENUE SOUTH, SUITE 600 SUITE 800 WEST PALM BEACH FL 33401  11. Pursuant to the provisions of Socions 617.0502 and 617.1508. Floride Statutes, the above-named corporation aubmits this statement for the purpose of changing its repistered agent. I am familiar with, and accept the obligations of, Socion 617.0503. Floride Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Socion 617.0503. Floride Statutes.  SIGNATURE  Signature To Price the Annual Company of the Statutes of Projects of							
SOUTH 800 WEST PALM BEACH FL 33401  11. Pursuant to the provisions of Sections 617 0502 and 617 1508. Florids Statutes, the above-hamed corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Stach change was earth-circled by the corporation's board of directors. I haveby accept the appointment as registered agent, arm familiar with, and accept the obligations of, Section 617 0503, Florida Statutes.  SIGNATURE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE  DT OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  12. NAME  STREET ADDRESS  SIGNATURE  14873 CUMBERLAND DR  13. STREET ADDRESS  CITY-S1-2P  DELRAY BCH FL  DELRAY BCH FL  22. NAME  22. NAME  STREET ADDRESS  CITY-S1-2P  DELRAY BCH FL  32. AGITY-S1-2P  DELRAY BCH FL  33. STREET ADDRESS  CITY-S1-2P  DELRAY BCH FL  34. CITY-S1-2P  DELRAY BCH FL  35. STREET ADDRESS  CITY-S1-2P  DELRAY BCH FL  36. Change Addition  Addition  AMAE  SIREET ADDRESS  CITY-S1-2P  DELRAY BCH FL  47. TITLE  DELRAY BCH FL  47				81 Name			
WEST PALM BEACH FL 33401  ### City ###					dress (P.O. Box Number is Not Acceptab	le)	
The Pursuant to the provisions of Sections 617.0502 and 617.1506. Florida Statutos, the above-named corporation submits this statement for the purpose of changing its 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 egent, 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 registered with, and accept the obligations of, Section 17.0503, Florida Statutos.  SIGNATURE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  ITIE  OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  THE HELFAND, MAX  12. PARKET ADDRESS  CITY-ST-2P  DELRAY BCH FL  14. CITY-ST-2P  DELRAY BCH FL  14. CITY-ST-2P  DELRAY BCH FL  22. AUTH-ST-2P  DELRAY BCH FL  23. STREET ADDRESS  CITY-ST-2P  OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  THE PD  OFFICERS AND DIRECTORS IN 12.  14. CITY-ST-2P  DELRAY BCH FL  14. CITY-ST-2P  DELRAY BCH FL  22. AUTH-ST-2P  DELRAY BCH FL  23. STREET ADDRESS  CITY-ST-2P  DELRAY BCH FL  24. CITY-ST-2P  DELRAY BCH FL  24. CITY-ST-2P  DELRAY BCH FL  24. CITY-ST-2P  DELRAY BCH FL  34. CIT							
SIGNATURE							
SIGNATURE	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						
Signature hypeof or printed instance of regolational agend and life of applications   NOTE   Page	agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.						
13.   ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12							
TITLE DT DELETE 1.1 TITLE							
STREET ADDRESS   14873 CUMBERLAND OR   1.3 STREET ADDRESS   1.4 CITY-ST-ZIP							
STREET ADDRESS   14873 CUMBERLAND OR   1.3 STREET ADDRESS   1.4 CITY-ST-ZIP	NAME	HELFAND, MAX		1.2 NAME		•	
CITY_ST-2P	STREET ADORESS						
TITLE							
NAME   STREET ADDRESS   CITY-ST-ZIP   Change   Addition			DELETE			Change Addition	
STREET ADDRESS   CITY-ST-ZIP	1			1			
DELRAY BCH FL   DELETE   SD   DELETE   STITILE   Change   Addition							
TITLE							
NAME   KUSHEL, NATHAN   32 NAME   33 SIREET ADDRESS   6675 S ORICLE BLVD   33 SIREET ADDRESS   DELRAY BEACH FL   34 CITY-ST-ZIP			DELETE			Change Addition	
STREET ADDRESS   6675 S ORICLE BLVD   3.3 STREET ADDRESS   CITY-ST-ZIP   DELRAY BEACH FL   3.4 CITY-ST-ZIP		- <del>-</del>				Containing Carrier	
DELRAY BEACH FL   S.4 CITY-ST-ZIP							
TITLE VD DELETE 4.1 TITLE							
NAME BASSON, AL 6650 S. ORIOLE BLVD. 4.3 STREET ADDRESS CITY-ST-ZIP TITLE VD DELRAY BCH FL SOLOMON, ISIDORE STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE SOLOMON, ISIDORE STREET ADDRESS CITY-ST-ZIP TITLE DELRAY BEACH FL STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS			DELETE			Change Addition	
STREET ADDRESS CITY-ST-ZIP DELRAY BCH FL 11TILE VD SOLOMON, ISIDORE STREET ADDRESS CITY-ST-ZIP  DELRAY BEACH FL 14797 CUMBERLAND DRIVE DELRAY BEACH FL 15.3 STREET ADDRESS CITY-ST-ZIP  DELRAY BEACH FL 16.1 TITLE NAME STREET ADDRESS							
DELRAY BCH FL							
TITLE VD DELETE 5.1 TITLE				1			
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS SOLOMON, ISIDORE 14797 CUMBERLAND DRIVE 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 5.4 CITY-ST-ZIP 6.1 TITLE 6.2 NAME 6.2 NAME 6.3 STREET ADDRESS 6.3 STREET ADDRESS			DELETE			Change Addition	
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STREET ADDRESS 6.3 STREET ADDRESS						Car straige Car statement	
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14. I do 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 attainment with an address.

SIGNATURE/

SMATURE AND TYPED OR PRINCED NAME OF SIGNING OFFICER OR DIRECTOR

1-7-97

561-499-8098

**FILED** 

Jan 17 1997 8:00am

Secretary of State