

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Feb 23, 1999 8:00 am
Secretary of State

02-23-1999 90033 014 ****61.25

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DOCUMENT # 746375

1. Corporation Name

DEAUVILLE VILLAGE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

6575 SOUTH ORIOLE BLVD.
DELRAY BEACH FL 33446

Mailing Address

6575 SOUTH ORIOLE BLVD.
DELRAY BEACH FL 33446



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

03/21/1979

4. FEI Number

59-1897844

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

ST. JOHN, DAVID
500 AUSTRALIAN AVENUE SOUTH, SUITE 600
SUITE 800
WEST PALM BEACH FL 33401

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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

TITLE **DT** ☐ DELETE
NAME **HELFAND, MAX**
STREET ADDRESS **14873 CUMBERLAND DR**
CITY-ST-ZIP **DELRAY BCH FL**

TITLE **PD** ☒ DELETE
NAME **ETTIN, STANLEY**
STREET ADDRESS **6650 S. ORIOLE BLVD.**
CITY-ST-ZIP **DELRAY BCH FL**

TITLE **SD** ☐ DELETE
NAME **KUSHEL, NATHAN**
STREET ADDRESS **6675 S ORICLE BLVD**
CITY-ST-ZIP **DELRAY BEACH FL**

TITLE **VD** ☒ DELETE
NAME **BASSON, AL**
STREET ADDRESS **6650 S. ORIOLE BLVD.**
CITY-ST-ZIP **DELRAY BCH FL**

TITLE **VD** ☒ DELETE
NAME **GOODMAN, GILBERT**
STREET ADDRESS **14747 CUMBERLAND DR**
CITY-ST-ZIP **DELRAY BEACH FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

2.1 TITLE **PRESIDENT** ☒ Change ☐ Addition
2.2 NAME **BERNIE BERGER**
2.3 STREET ADDRESS **14823 Cumbereland Drive**
2.4 CITY-ST-ZIP **Delray Beach, FL 33446**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE **VICE PRES.** ☒ Change ☐ Addition
4.2 NAME **MIMI SELIGSON**
4.3 STREET ADDRESS **14823 Cumberland Dr.**
4.4 CITY-ST-ZIP **Delray Beach, FL. 33446**

5.1 TITLE **Vice President** ☒ Change ☐ Addition
5.2 NAME **MEYER TABAK**
5.3 STREET ADDRESS **6650 So. Oriole Blvd**
5.4 CITY-ST-ZIP **Delray Beach, FL. 33446**

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:

Nathan Kushel
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/6/99

CR2E037 (11/98)