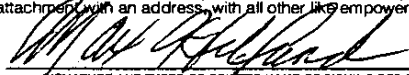


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2006 8:00 am
Secretary of State

01-17-2006 90262 004 ****61.25

DOCUMENT # 746375 1. Entity 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		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number 59-1897844				Applied For ☐ Not Applicable	
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		
ED DICKER, KRIVOK & STOLOFF PA 1818 AUSTRALIAN AVE 50 STE 400 WEST PALM BEACH, FL 33409			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)					
Filing Fee is \$61.25 Due by May 1, 2006		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		TITLE	☐ Change ☐ Addition	
NAME	HELFAND, MAX		NAME		
STREET ADDRESS	14873 CUMBERLAND DR		STREET ADDRESS		
CITY-ST-ZIP	DELRAY BCH, FL		CITY-ST-ZIP		
TITLE	P ☐ Delete		TITLE	☐ Change ☐ Addition	
NAME	ETTIN, STANLEY		NAME		
STREET ADDRESS	6650 SO. ORIOLE BLVD. E104		STREET ADDRESS		
CITY-ST-ZIP	DELRAY BEACH, FL 33446		CITY-ST-ZIP		
TITLE	V ☒ Delete		TITLE	☐ Change ☒ Addition	
NAME	WASSERMAN, PAUL		NAME	JACQUELINE MOSES	
STREET ADDRESS	14873 CUMBERLAND DR K105		STREET ADDRESS	14701 Cumberland Dr. A308	
CITY-ST-ZIP	DELRAY BEACH, FL 33446		CITY-ST-ZIP	Delray Beach FL 33446	
TITLE	SD ☐ Delete		TITLE	☐ Change ☐ Addition	
NAME	ROSS, SHIRLEY		NAME		
STREET ADDRESS	14873 CUMBERLAND DR K108		STREET ADDRESS		
CITY-ST-ZIP	DELRAY BEACH, FL 33446		CITY-ST-ZIP		
TITLE	VP ☐ Delete		TITLE	☐ Change ☐ Addition	
NAME	KLEIN, ABRAHAM		NAME		
STREET ADDRESS	14873 CUMBERLAND DR K103		STREET ADDRESS		
CITY-ST-ZIP	DELRAY BEACH, FL 33446		CITY-ST-ZIP		
TITLE	☐ Delete		TITLE	☐ Change ☐ Addition	
NAME			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 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: 			Jan 10 2006		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		