# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Jan 08, 2007 8:00 am**
**Secretary of State**
01-08-2007 90253 021 ****61.25

DOCUMENT # 746375

1. Entity Name
DEAUVILLE VILLAGE CONDOMINIUM ASSOCIATION, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 6575 SOUTH ORIOLE BLVD.<br>DELRAY BEACH, FL 33446 | 6575 SOUTH ORIOLE BLVD.<br>DELRAY BEACH, FL 33446 |

01042007 Chg-NP CR2E037 (12/06)

| 2. Principal Place of Business - No P.O. Box # | 3. Mailing Address |
|---|---|
| DEAUVILLE VILLAGE CONDO ASSN | |
| Suite, Apt. #, etc.<br>same as above | Suite, Apt. #, etc. |
| City & State<br>Delray Beach | City & State<br>FL 33446 |
| Zip<br>33446 / Country<br>USA | 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**

ED DICKER, KRIVOK & STOLOFF PA
1818 AUSTRALIAN AVE 50 STE 400
WEST PALM BEACH, FL 33409

**7. Name and Address of New Registered Agent**

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 _____ V.P _____ 1-4-07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is $61.25**
**Due by May 1, 2007**

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 / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>HELFAND, MAX<br>14873 CUMBERLAND DR<br>DELRAY BCH, FL | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | MILTON BLAU<br>14773 Cumberland Dr.<br>Delray Beach, FL 33446 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | P<br>ETTIN, STANLEY<br>6650 SO. ORIOLE BLVD. E104<br>DELRAY BEACH, FL 33446 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ABRAHAM SIFER<br>6625 So. Oriole Blvd<br>Delray Beach FL 33446 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | V<br>MOSES, JACQUELINE<br>14701 CUMBERLAND DR A308<br>DELRAY BEACH, FL 33446 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ALFRED BROMBERG<br>14823 Cumberland Dr.<br>Delray Beach FL 33446 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | SD<br>ROSS, SHIRLEY<br>14873 CUMMERLAND DR K108<br>DELRAY BEACH, FL 33446 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VP<br>KLEIN, ABRAHAM<br>14873 CUMBERLAND DR K103<br>DELRAY BEACH, FL 33446 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |

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:** _____ V.P _____ Jan 4 2007
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #