# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Mar 14, 2008 8:00 am**
**Secretary of State**
03-14-2008 90041 043 ****61.25

DOCUMENT # 746375

1. Entity Name
DEAUVILLE VILLAGE CONDOMINIUM ASSOCIATION, INC.

40045858

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

02112008 Chg-NP CR2E037 (12/06)

| 2. Principal Place of Business - No P.O. Box # | 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**

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 _____ 2/19/08
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, 2008**

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>BLAU, MILTON<br>14773 CUMBERLAND DR<br>DELRAY BEACH, FL 33446 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PRESIDENT | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | P<br>SIFER, ABRAHAM<br>6625 S ORIOLE BLVD<br>DELRAY BEACH, FL 33446 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ARTHUR ITZKOWITZ VP<br>14773 CUMBERLAND DR.<br>DELRAY BEACH FL 433446 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | V<br>BROMBERG, ALFRED<br>14823 CUMBERLAND DR<br>DELRAY BEACH, FL 33446 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | MAX HELFAND TREAS<br>14873 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:** Arthur Itzkowitz V-P 2/19/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #