2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 24, 2009
Secretary of State

DOCUMENT# 746375

Entity Name: DEAUVILLE VILLAGE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

6575 SOUTH ORIOLE BLVD.
DELRAY BEACH, FL 33446

New Principal Place of Business:

Current Mailing Address:

6575 SOUTH ORIOLE BLVD.
DELRAY BEACH, FL 33446

New Mailing Address:

FEI Number: 59-1897844 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KATZMAN GARFINKEL, P.A.
1501 NORTHWEST 49TH STREET
SUITE 202
FT. LAUDERDALE, FL 33309 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	P	( ) Delete
Name:	BLAU, MILTON	
Address:	14773 CUMBERLAND DR	
City-St-Zip:	DELRAY BEACH, FL 33446	
Title:	VP	( ) Delete
Name:	ITZKOWITZ, ARTHUR	
Address:	14773 CUMBERLAND DR	
City-St-Zip:	DELRAY BEACH, FL 33446	
Title:	T	( ) Delete
Name:	HELFAND, MAX	
Address:	14873 CUMBERLAND DR	
City-St-Zip:	DELRAY BEACH, FL 33446	
Title:	SD	( ) Delete
Name:	ROSS, SHIRLEY	
Address:	14873 CUMMERLAND DR K108	
City-St-Zip:	DELRAY BEACH, FL 33446	
Title:	VP	( ) Delete
Name:	KLEIN, ABRAHAM	
Address:	14873 CUMBERLAND DR K103	
City-St-Zip:	DELRAY BEACH, FL 33446	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MILTON BLAU PRES 02/24/2009
Electronic Signature of Signing Officer or Director — Date