

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **749809** (0)  
1. Corporation Name

**CASTEL DEL MAR HOMEOWNERS' ASSOCIATION, INC.**



Principal Place of Business: **7490 CHAMPAGNE PL. BOCA RATON FL 33433**  
Mailing Address: **7490 CHAMPAGNE PL. BOCA RATON FL 33433**

3. Date Incorporated or Qualified: **11/15/1979**  
3a. Date of Last Report: **09/28/1995**  
4. FEI Number: **59-2381360**  
5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution:  **\$5.00 May Be Added to Fees**  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business: **21**  
2a. Mailing Address: **26**  
Suite, Apt. #, etc.: **22**  
City & State: **23**  
Zip: **24** Country: **25**  
Zip: **29** Country: **30**

9. Name and Address of Current Registered Agent  
**BRUCKNER, MARION**  
**7475 CHAMPAGNE PL**  
**BOCA RATON FL 33433**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>TD</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BRUCKNER, MARION J.</b>	1.2 NAME	
STREET ADDRESS	<b>7475 CHAMPAGNE PLACE</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>BOCA RATON FL</b>	1.4 CITY-ST-ZIP	
TITLE	<b>VD</b> <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FRANKE, ROBERT</b>	2.2 NAME	
STREET ADDRESS	<b>7427 CHABLIS COURT</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>BOCA RATON FL</b>	2.4 CITY-ST-ZIP	
TITLE	<b>SD</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KRASNOW, DAVID</b>	3.2 NAME	
STREET ADDRESS	<b>7480 CHAMPAGNE PL</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>BOCA RATON FL</b>	3.4 CITY-ST-ZIP	
TITLE	<b>PD</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>JOHNSON, LYNN</b>	4.2 NAME	
STREET ADDRESS	<b>7410 CHAMPAGNE PL</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>BOCA RATON FL</b>	4.4 CITY-ST-ZIP	
TITLE	<b>VD</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SAMET, DAVID</b>	5.2 NAME	
STREET ADDRESS	<b>7458 CHAMPAGNE PL</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>BOCA RATON FL</b>	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

**VD DAVID SAMET**  Change  Addition  
**7450 Champagne Place**  
**BOCA RATON, FLORIDA**

**VD BARRY LAZURUS**  Change  Addition  
**7473 Champagne Place**  
**BOCA RATON, FL**

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: *Marion J. Bruckner* Treasurer **3-20-96** 401 3477796  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date District Phone #

CR2E037 (12/95)