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May 20 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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 Mailing Address
7490 CHAMPAGNE PL. BOCA RATON FL 33433
7490 CHAMPAGNE PL. BOCA RATON FL 33433-3057

3. Date Incorporated or Qualified 11/15/1979
3a. Date of Last Report 04/02/1996

21	2. Principal Place of Business	26	2a. Mailing Address	4.	FEI Number 59-2381360	Applied For		
	Suite, Apt #, etc.		Suite, Apt #, etc.			Not Applicable		
22	22	27	27	5.	Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required	
	City & State		City & State		6.	Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	\$5.00 May Be Added to Fees
23	23	28	28	8.	This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
24	24	25	25					
	Zip		Country					

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
BRUCKNER, MARION 7475 CHAMPAGNE PL BOCA RATON FL 33433				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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 officer 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 *[Signature]*
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	TD	<input type="checkbox"/> DELETE		1.1 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	BRUCKNER, MARION J.	Treasurer	TD	1.2 NAME	LINDA FEE	First Vice Pres.	
STREET ADDRESS	7475 CHAMPAGNE PLACE			1.3 STREET ADDRESS	7478 Champagne Place		
CITY - ST - ZIP	BOCA RATON FL			1.4 CITY - ST - ZIP	BOCA RATON, FL 33433		
TITLE	VD	<input type="checkbox"/> DELETE		2.1 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	LAZURUS, BARRY	Vice President	VD	2.2 NAME	DELIA JENSEN	Secretary	
STREET ADDRESS	7473 CHAMPAGNE PLACE			2.3 STREET ADDRESS	21940 PALMETTO CIRCLE N.		
CITY - ST - ZIP	BOCA RATON FL			2.4 CITY - ST - ZIP	BOCA RATON, FL 33433		
TITLE	SD PD	<input type="checkbox"/> DELETE		3.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KRASNOW, DAVID	President	PD	3.2 NAME	KRASNOW, DAVID	President	
STREET ADDRESS	7480 CHAMPAGNE PL			3.3 STREET ADDRESS	7480 Champagne Pl		
CITY - ST - ZIP	BOCA RATON FL			3.4 CITY - ST - ZIP	BOCA RATON, FL 33433		
TITLE	PD	<input checked="" type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	JOHNSON, LYNN			4.2 NAME			
STREET ADDRESS	7410 CHAMPAGNE PL			4.3 STREET ADDRESS			
CITY - ST - ZIP	BOCA RATON FL			4.4 CITY - ST - ZIP			
TITLE	VD	<input checked="" type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SAMET, DAVID			5.2 NAME			
STREET ADDRESS	7450 CHAMPAGNE PLACE			5.3 STREET ADDRESS			
CITY - ST - ZIP	BOCA RATON FL			5.4 CITY - ST - ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY - ST - ZIP				6.4 CITY - ST - ZIP			

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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* *Marion J. Bruckner* TD 3-27-97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Treasurer Date Daytime Phone # 0042138

CR2E037 (9/96)