

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000009334

FILED
Mar 30, 2009
Secretary of State

Entity Name: VIA PALMA DELRAY CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

1220 DANBURY AVE
DAVIE, FL 33325

New Principal Place of Business:

Current Mailing Address:

P O BOX 934312
MARGATE, FL 33093

New Mailing Address:

FEI Number: 20-2168166 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HALPIN, SUSAN
3130 HOLIDAY SPRINGS BLVD
311
MARGATE, FL 33063 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: PD () Delete
Name: GUERRIERI, FRANK
Address: 14340 ARLINGTON PLACE
City-St-Zip: DAVIE, FL 33324

Title: ST () Delete
Name: HALPIN, SUE
Address: 3130 HOLIDAY SPRINGS BLVD SUITE 311
City-St-Zip: MARGATE, FL 33063

Title: D () Delete
Name: BATALLAS, WILLIAM H ESQ
Address: 4901 NW 17 WAY SUITE 403
City-St-Zip: FT. LAUDERDALE, FL 33309

Title: D () Delete
Name: DUFFY, KEVIN
Address: 5445 VIA DELRAY
City-St-Zip: DELRAY BEACH, FL 33484

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: M (X) Change () Addition
Name: DUFFY, KEVIN
Address: 5445 VIA DELRAY
City-St-Zip: DELRAY BEACH, FL 33484

Title: M (X) Change () Addition
Name: KILLMEYER, WILLIAM
Address: 5449 VIA DELRAY
City-St-Zip: DELRAY BEACH, FL 33484

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: SUSAN HALPIN

ST

03/30/2009

Electronic Signature of Signing Officer or Director

_____ Date