

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000009334

FILED  
Mar 19, 2010  
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  
Name: GUERRIERI, FRANK  
Address: 14340 ARLINGTON PLACE  
City-St-Zip: DAVIE, FL 33324

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

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

Title: D  
Name: KILLMEYER, WILLIAM  
Address: 5449 VIA DELRAY  
City-St-Zip: DELRAY BEACH, FL 33484

Title: D  
Name: DUFFY, ROBERT  
Address: 5445 VIA DELRAY  
City-St-Zip: DELRAY BEACH, FL 33484

I hereby 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 all other like empowered.

SIGNATURE: SUSAN MARIE HALPIN

S/T

03/19/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date