FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 DOCUMENT #

(9)

DALM VIEW DIDLE ECLLOWIND CHIRDON INC

FILED Mar 24 1998 8:00am Secretary of State

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Principal Place of Business Mailing Address			oress						·=··· =·=··	
429 31ST STREET WEST PALM BEACH FL 33407 US US 429 31ST STREET WEST PALM BEACH FL 3 US				7		3.	Date Incorporated or 01/14/1991	Qualified	***	
						4.	FEI Number			Applied For
2 Dringing C	None of Divisions		A - 4 - 4 - 5 - 5 - 5 - 5 - 5 - 5 - 5 - 5				65-0314051			Not Applicable
2. Principal F	Place of Business	2a. Mailing 26	Address			5.	Certificate of Status D	esired E		75 Additional e Required
Suite, Apt.	#, etc.	Suite, A	Suite, Apt. #, etc.				Election Campaign Fir Trust Fund Contribution		\$5.0	00 May Be ed to Fees
City & Stat	6		City & State				is this nonprofit corpo			
23		28				"	18 triis nonpront corpo	Tallon a nome		rations
Zip	Country	Zip		Country	,	В.	This corporation owes	or has paid th		r Intangible
24	25	29	3	0			Personal Property Tax		Yes	ID No
	9. Name and Address of Cu	rrent Registered Ag	ent			10.	Name and Address of	f New Regist	ered Agent	
ŀ				81	Name					
BUTLER 84	, gary L.			82	Street A	Address (P.	O. Box Number is Not	Acceptable)	· 	
429 31S	T ST			83	1					
WEST P	ALM BEACH FL 33407			84	City				85	Zip Code
44 0	10.0	0500 - 1013 1500	F. / I O		L				FL I	•
office or I	to the provisions of Sections 617, registered agent, or both, in the S im familiar with, and accept the o	tate of Florida, Such	change was au	, the above thorized by	e-named · y the corp	corporation poration's bi	submits this statemer oard of directors. I her	it for the purpo eby accept the	ose of changii e appointmen	ng its registered It as registered
1	m familiar with, and accept the o	bligations of, Section	617.0503, Florid	da Statute	S.				. ,	Ū
SIGNATURE	Signature, typed or printed name of registere	d agent and title if applicable	(NOTE: E	Registered Age	enutennis 106	required when I	reinstating)		ATE	
12.		AND DIRECTORS	110121	13.	on agradioid		DDITIONS/CHANGES			TORS IN 12
TITLE	DVT		DELETE	1.1 TITLE		ľ			Char	
NAME	TAYLOR, DELORIS			1.2 NAME]					
STREET ADDRESS	1454 PALM BEACH LAKES	BLVD		1.3 STREET	ADDRESS					
CITY-ST-ZIP	WEST PALM BEACH FL			1.4 CITY - S	ST-ZIP					
TITLE	DS		DELETE	2.1 TITLE					☐ Char	nge Addition
NAME	ARREBATO, PHYLLIS			2.2 NAME						
STREET ADDRESS	6129 FAIR GREEN RD			2.3 STREET	ADDRESS					
CITY-ST-ZIP	WEST PALM BCH FL			2.4 CITY-	ST-ZIP					
TITLE	DP	L] DELETE	3.1 TITLE	i				☐ Char	nge Addition
NAME	BUTLER, GARY L.			3.2 NAME						
STREET ADDRESS	429 31ST STREET			3.3 STREET	ADDRESS					
CITY-ST-ZIP	WEST PALM BEACH FL			3.4. CITY-5	ST-ZIP					
TITLE		ι	DELETE	4.1 TITLE	İ				☐ Chan	nge [[] Addition
NAME				4. 2 NAME						
STREET ADDRESS				4.3 STREET	ADDRESS					
CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·		7 55. 556	4.4 CITY - S	T-ZIP					
TITLE		ι	DELETE	5.1 TITLE	İ				Chan	nge
NAME				5.2 NAME						
STREET ADDRESS				5.3 STREET	- 1		•			
CITY-ST-ZIP			Thrust	5.4 CiTY-S	T-ZIP				T	
TITLE		L	DELETE	6.1 TITLE	1				Chan	nge Addition
NAME				6.2 NAME						
STREET ADDRESS				6.3 STREET						
CITY-ST-ZIP				64 CITY-S	T-71P					

Thereby 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.