NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

## **DOCUMENT # 747885**

Corporation Name

DALEWOOD CONDOMINIUM ASSOCIATION, INC.

## **FILED** Mar 10, 1999 8:00 am Secretary of State

03-10-1999 90024 046 \*\*\*\*61.25

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Principal Place of Business Mailing Address										
1401 N.W. 15TH AVENUE 1401 N.W. 15TH AVENUE							I EDDING ADDIN ANDRI ANDRI IRDAN NONDE NOTRE BONG DE CENTRA	014 PHEN 1111		
BOCA RATON FL 33486 BOCA RATON FL 33486										
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		1 3-					3: Date Incorporated or Qualifed			
	Place of Business	<del></del>	Mailing Address				06/29/1979			
21 26 26				<del>-, -,</del>		4. FEI Number		Anni	fled For	
Suite, Ap	ot. #, etc.	_	Suite, Apt. #, etc.				65-0045388			Applicable
22		27	City & State				00 00 100 00	\$8.7		iditional
City & St	are -	<u></u>	City di State				5. Certificate of Status Desired		Req	
23	Country	28	<b>Z</b> ip	Cou	ntry		6. Election Campaign Financing	\$5.1	00 6	Asy Be
Zip		29	<del></del>	30			Trust Fund Contribution		ed to	
24	9. Name and Address of Cur		ored Agent	130[			10. Name and Address of New Registered			
<del></del>	3. Name and Abdues of Co.	Tem ragion	ere a regent		81	Name				
					LĽ	Teres	a Tisdale			
AMADO,					82	Street Addre	NW 15 Auc. #5	•		
	V 15TH AVE				B3	1401	NW 13 HOC: FO			
SUITE 2					1"1	Roca	Raton_			
BOCA R	ATON FL 33486				84	City	· El	85 2	Cip Co	186
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A 600 A A	r registered agent of horn in the Si	ят от нопо	i. Such Chande was a	www.	3 DV W	nameo corpo he corporatio	oration submits this statement for the purpose on's board of directors. I hereby accept the appo	introent as	s regi	stered
agent.	am familiar with, and accept the ob	ligations of	Section 617.0503, Fk	orida Stati	utes.	•	,			
SIGNATUR	E Jenera Tu	للعل	<u> </u>							
	Signature, typed or printed name of registered			E: Registered	Agent s	signature required	when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AI	NO DIREC	TOR	S IN 12
12.		AND DIREC	DELETE	1.1 10	n.e.	139		Chan		Addition
TITLE	D		Chocrete				eresa Tisdale .	<u> </u>	•	_
NAME	TIDSDALE, THERESA			12 N		1	gresa hisawic			
STREET ADDRES						ADDRESS				
CITY-ST-ZIP	BOCA RATON FL 33486		<b>□</b> VELETE	_	TY-ST-			Chan		Addition
TITLE	<del>  0</del>		FACEFFEE	2117		3	thi sanda	ب مرب	8*	
· NAME	WACHTER, ELIZABETH			2.2 N		/Se	thi Amado			
STREET ADDRES	s 2118 N.W. 19TH WAY					1	C = 2481			
CITY-ST-ZIP	BOCA:RATON:FL				11Y-5T-	·2P 1924	Raton FL. 334.86.	☐ Chan		☐ Addition
TITLE	<del>-DP</del> ~		☐ DELETE	3.1 TT				Crian	Aq	111 (400-400)
NAME	URIBE, GLORIA -			3.2 N						
STREET ADDRES	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			3.3 \$7	REET A	ADDRESS				
CITY-ST-ZIP	BOCA PATON FL-				TY-\$T-	-70P		Chan		_
TITLE	0-		DELETE	*1 J.			reasures			
NAME	GILLIES, BELIVEAU			4.2 N	-	Eg	(Ear20 15 Ave. #10			
STREET ADDRES	1401 NW 15TH AVE STE 4			4.3 ST	REETA	UDDRESS 14	0100 10.			
CITY-ST-ZIP	BOCA RATON FL			4.4 CF	TY-ST-2	ZIP 3	oca Raton, FL 33484		<u>.                                    </u>	
TITLE	VPB.		☐ DELETE	5.1 TT	TLE	<b>▼</b> 1	P	Chan	ig <del>e</del>	Addition
NAME	DESANTIAGO, ABEL			5.2 N	ME					
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CITY-ST-ZIP	BOCA RATON FL			5.4 CT	TY-ST-7	ZIP				
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NAME	GARCIA, BRENDA			6.2 N	AME.					
STREET ADORES				6.3 ST	REETA	VDORESS 140	NW15Ave.#9			
I DIRECTADURE	~   14U   1411   U   (   174   175~						•			

I 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 eath; 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, with all other like empowered.

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WALL THE AND THEFT	D DOWNTED NAME OF SKY	WING OFFICER OF	DIRECTOR

BOCA RATON FL 33486