

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 738776

1. Entity Name

DEL MAR VILLAGE, SECTION 1, HOMEOWNERS ASSOCIATI

Principal Place of Business

Mailing Address

7267 SAN SEBASTIAN DR  
BOCA RATON FL 33433  
US

P.O. BOX 3690  
BOCA RATON FL 33427  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ESTES, DONALD E  
7267 SAN SEBASTIAN DRIVE  
DEL MAR VILLAGE, SECTION 1, HOMEOWNERS ASC  
BOCA RATON FL 33433

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:  
FEE IS \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input type="checkbox"/> Delete
NAME	KLEIN, ANTON	
STREET ADDRESS	7033 SAN SEBASTIAN CIRCLE	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	ESTES, DON	
STREET ADDRESS	7267 SAN SEBASTIAN DR	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	LAVIN, KERRIE	
STREET ADDRESS	7054 SAN SEBASTIAN CIR	
CITY-ST-ZIP	BOCA RATON FL 33433	
TITLE	VD	<input type="checkbox"/> Delete
NAME	MADISON, DAVID	
STREET ADDRESS	7273 SAN SEBASTIAN DR	
CITY-ST-ZIP	BOCA RATON FL 33433	
TITLE	D	<input type="checkbox"/> Delete
NAME	O'KEEFE, KAREN	
STREET ADDRESS	7267 SAN SEBASTIAN DR	
CITY-ST-ZIP	BOCA RATON FL 33433	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Donald E. Estes* DONALD E. ESTES 1/11/00 (561) 395-8961

FILED

Jan 25, 2000 8:00 am  
Secretary of State

01-25-2000 90106 020 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2102366

Applied For

Not Applied For

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required