

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 738776

**Entity Name:** DEL MAR VILLAGE, SECTION 1, HOMEOWNERS ASSOCIATION, INC.**FILED**  
**Apr 20, 2014**  
**Secretary of State**  
**CC5226070850****Current Principal Place of Business:**6898 CONSOLATA STREET  
BOCA RATON, FL 33433**Current Mailing Address:**P.O. BOX 811180  
BOCA RATON, FL 33481 US**FEI Number: 59-2102366****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**DIREKTOR, KENNETH S  
625 NORTH FLAGLER DRIVE #7FL  
WEST PALM BEACH, FL 33401 US*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**Officer/Director Detail :**

Title	PD
Name	FROHLICH, MARC
Address	P.O. BOX 811180
City-State-Zip:	BOCA RATON FL 33481

Title	VD
Name	BLUTH, EDWARD
Address	P.O. BOX 811180
City-State-Zip:	BOCA RATON FL 33481

Title	TD
Name	LORD, CHARLES
Address	P.O. BOX 811180
City-State-Zip:	BOCA RATON FL 33481

Title	D
Name	KLEIN, ANTON
Address	P.O. BOX 811180
City-State-Zip:	BOCA RATON FL 33481

Title	D
Name	SWIFT, LISA
Address	P.O. BOX 811180
City-State-Zip:	BOCA RATON FL 33481

Title	D
Name	ASKOTSKY, HARAYL
Address	P.O. BOX 811180
City-State-Zip:	BOCA RATON FL 33481

Title	D
Name	LUTZ, ANDREW
Address	P.O. BOX 811180
City-State-Zip:	BOCA RATON FL 33481

*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: MARC FROHLICH****PRESIDENT****04/20/2014**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date