

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 738776

**FILED**  
**Apr 24, 2024**  
**Secretary of State**  
**8818762723CC**

**Entity Name:** DEL MAR VILLAGE, SECTION 1, HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

C/O CCM  
7124 N. NOB HILL ROAD  
TAMARAC, FL 33321

**Current Mailing Address:**

C/O CCM  
7124 N. NOB HILL ROAD  
TAMARAC, FL 33321 US

**FEI Number: 59-2102366**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

MILBERG KLEIN PL  
5550 GLADES ROAD, SUITE 500  
BOCA RATON, FL 33431 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 VP  
Name BLUTH, EDWARD  
Address C/O CCM  
7124 N. NOB HILL ROAD  
City-State-Zip: TAMARAC FL 33321

Title PRESIDENT  
Name KLEIN, ANTON  
Address C/O CCM  
7124 N. NOB HILL ROAD  
City-State-Zip: TAMARAC FL 33321

Title D  
Name SWIFT, LISA  
Address C/O CCM  
7124 N. NOB HILL ROAD  
City-State-Zip: TAMARAC FL 33321

Title D  
Name ASKOTZKY, HARY  
Address C/O CCM  
7124 N. NOB HILL ROAD  
City-State-Zip: TAMARAC FL 33321

Title D  
Name LUTZ, ANDREW  
Address C/O CCM  
7124 N. NOB HILL ROAD  
City-State-Zip: TAMARAC FL 33321

*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: KLEIN , ANTON**

**PRESIDENT**

**04/24/2024**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date