

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 738776

Entity Name: DEL MAR VILLAGE, SECTION 1, HOMEOWNERS ASSOCIATION, INC.**FILED**
Apr 09, 2019
Secretary of State
4607215011CC**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	PD
Name	FROHLICH, MARC
Address	C/O CCM 7124 N. NOB HILL ROAD
City-State-Zip:	TAMARAC FL 33321

Title	VP
Name	BLUTH, EDWARD
Address	C/O CCM 7124 N. NOB HILL ROAD
City-State-Zip:	TAMARAC FL 33321

Title	D
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: MARC FROHLICH**PRES****04/09/2019**_____
Electronic Signature of Signing Officer/Director Detail_____
Date