

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000009334

Entity Name: VIA PALMA DELRAY CONDOMINIUM ASSOCIATION, INC.**Current Principal Place of Business:**4706 COCONUT CREEK PARKWAY
#934312
MARGATE, FL 33063**Current Mailing Address:**POST OFFICE BOX 93-4312
MARGATE, FL 33093 US**FEI Number:** 20-2168166**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**HALPIN, SUSAN
3130 HOLIDAY SPRINGS BLVD
311
MARGATE, FL 33063 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	PRESIDENT
Name	BYER, KAREN
Address	10783 GRANDE BLVD
City-State-Zip:	WEST PALM BEACH FL 33412

Title	ASST. SECRETARY
Name	HELLER, JANIS
Address	5447 VIA DELRAY
City-State-Zip:	DELRAY BEACH FL 33484

Title	DIRECTOR
Name	COVER, CHARMAINE
Address	5383 VIA DELRAY
City-State-Zip:	DELRAY BEACH FL 33484

Title	SECRETARY/TREASURER
Name	HALPIN, SUE
Address	3130 HOLIDAY SPRINGS BLVD SUITE 311
City-State-Zip:	MARGATE FL 33063

Title	DIRECTOR
Name	JERVIS, PETRA
Address	5403 VIA DELRAY
City-State-Zip:	DELRAY BEACH FL 33484

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: SUE HALPIN

SECY/TREASURER

02/25/2020

Electronic Signature of Signing Officer/Director Detail_____
Date