NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 07, 2004 8:00 am
Secretary of State
04-07-2004 90036 024 ****61.25

DOCUMENT # 707265

1. Entity Name
DEL HARBOUR CONDOMINIUM, INC.

DO NOT WRITE IN THIS SPACE

54027427

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2. Principal Place of Business	3. Mailing Address
1820 S. Ocean Blvd.	235 NE 6th Ave.
Suite, Apt. #, etc.	Suite, Apt. #, etc. Suite D
City & State: Delray Beach, FL 33483	City & State: Delray Beach, FL 33483
Zip: 33483 Country: USA	Zip: 33483 Country: USA

4. FEI Number: 59-1092571 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

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7. Name and Address of Current Registered Agent

Name: David Pugh

Street Address (P.O. Box Number is Not Acceptable): 235 NE 6th Avenue, Suite D

City: Delray Beach **FL** Zip Code: 33483

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FEE IS $61.25
Initial or Amended UBR

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	TITLE	
NAME	Flanagan, R.W.	NAME	
STREET ADDRESS	1820 S. Ocean Blvd.	STREET ADDRESS	
CITY-ST-ZIP	Delray Beach, FL 33483	CITY-ST-ZIP	
TITLE	Vice-Presiden Director	TITLE	
NAME	Kacandes, Katrina	NAME	
STREET ADDRESS	1820 S. Ocean Blvd.	STREET ADDRESS	
CITY-ST-ZIP	Delray Beach, FL 33483	CITY-ST-ZIP	
TITLE	Treasurer-Director	TITLE	
NAME	John Peters	NAME	
STREET ADDRESS	1820 S. Ocean Blvd.	STREET ADDRESS	
CITY-ST-ZIP	Delray Beach, FL 33483	CITY-ST-ZIP	
TITLE	Secretary-Director	TITLE	
NAME	Janet Rice	NAME	
STREET ADDRESS	1820 S. Ocean Blvd.	STREET ADDRESS	
CITY-ST-ZIP	Delray Beach, FL 33483	CITY-ST-ZIP	
TITLE	Director	TITLE	
NAME	James Maloney	NAME	
STREET ADDRESS	1820 S. Ocean Blvd.	STREET ADDRESS	
CITY-ST-ZIP	Delray Beach, FL 33483	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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CR2E037B (12/02)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 4-1-04 561-272-2617
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #