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

DOCUMENT # 707265

1. Entity Name

DEL HARBOUR CONDOMINIUM, INC.



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

Suite, Apt. #, etc. Suite, Ap		OO NOT WRITE		SPACE		5	4027427	
Super Appl. #, etc. Super Appl. #, etc.			3. Mailing Address					
DO NOT WRITE IN THIS SPACE DO NOT WRITE IN THIS SPACE DO NOT WRITE IN THIS SPACE Delray Beach, FL 33483 S. Certificate of Status Desired			Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE			
The shower named entity submits this statement for the purpose of changing its registered adjust or of registered agent. 8. The shower 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 changing to registered agent. FEE IS 381.25 Initial or Ameniade UBR 9. Election Campaign Financing Trust Fund Contribution. 9. Flection Campaign Financing Trust Fund Contribution. 10. OFFICERIS AND DIRECTORS FINAL MAKE STRETAINDRESS 10. Ocean Blvd. 10. OFFICERIS AND DIRECTORS FINAL MAKE STRETAINDRESS 10. Ocean Blvd. 10. OFFICERIS AND DIRECTORS FINAL MAKE STRETAINDRESS 10. Ocean Blvd. 10. OFFICERIS AND DIRECTORS FINAL MAKE STRETAINDRESS 10. Ocean Blvd. 10. OFFICERIS AND DIRECTORS FINAL MAKE STRETAINDRESS 10. Ocean Blvd. 10. OFFICERIS AND DIRECTORS Trust 10. OFFICERIS AND DIRECTORS 10	Delra	y Beach, FL 33483	Delray Beac	Delray Beach, FL 33483			Not Applicable	
DO NOT WRITE IN THIS SPACE 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the state of Florida. I am furnishar with, and accept the changing its registered agent, or both, in the state of Florida. I am furnishar with, and accept the changing its registered agent, or both, in the state of Florida. I am furnishar with, and accept the changing its registered agent, or both, in the state of Florida. I am furnishar with, and accept the changing its registered agent, or both, in the state of Florida. I am furnishar with, and accept the changing its registered agent, or both, in the state of Florida. I am furnishar with, and accept the changing its registered agent, or both, in the state of Florida. I am furnishar with, and accept the changing its registered agent, or both, in the state of Florida. I am furnishar with, and accept the changing its registered agent, or both, in the state of Florida. I am furnishar with, and accept the changing its registered agent, or both, in the state of Florida. I am furnishar with, and accept the changing its registered agent, or both, in the state of Florida. I am furnishar with, and accept the changing its registered agent, or both, in the state of Florida. I am furnishar with, and accept the changing its registered agent, or both, in the state of Florida. I am furnishar with, and accept the changing its registered agent, or both, in the state of Florida. I am furnishar with, and accept the changing its registered agent, or both, in the state of Florida. I am furnishar with, and accept the changing its registered agent, or both, in the state of Florida Papartman of State 10. OFFICERS AND DEFINITIONS I am furnishar with, and accept the changing its registered agent, or both, in the state of Florida Papartman of State 10. OFFICERS AND DEFINITIONS I am furnishar with, and accept the changing its registered agent, or registered agent, or both, in the state of Florida Papartman of State 10. OFFICERS AND DEFINITIONS I a	33483 Country 33483			USA				
STORATURE IN THIS SPACE Stags of the Bight Park Verhilder & Machander Dr. Delinay Beach City FL 39483 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. FEE 19 \$51.25 Initial or Amended UBR PD Flandgan, R. W. STREST ADDRESS FLAND BLAND B		\			7. Name and Address	of Current Registered	Agent	
### Page 1				^N Ðævid	N∰avid Pugh			
IN THIS SPACE Delinay Beach City FL 33483 8. The above rained entity submits this statement for the purpose of changing its registered agent, or both, in the state of Florida. I am familiar with, and accept the obligations of registered agent. FEE IS 361.25 Initial or Amended UBR PO OFFICERS AND DIRECTORS THE PROPERTY OF THE P	DO NOT WRITE			Street Adque	Street Address (P.C. Box Number is Not Acceptable) 235 NE 5 th Avenue Suite			
8. The above named entity submits this statement for the purpose of changing list registered agent, or both, in the state of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature species of person or media fragilized agent and life if applicable. (MOTE Registered Agent agent we required when nentrative) DATE		IN THIS SP	ACE					
8. The above ramed ently submits this statement for the purpose of changing its registered agent, or both, in the state of Florida. Lam familiar with, and accept the obligations of registered agent. SIGNATURE						FI	₹ <i>1</i> 9,£84€	
SIGNATURE FEE IS \$41.25	• The shows	named entity outbrills this statement for	the purpose of changing	ita ragistara d office ar ragis	otorod areas ar both in the			
TITLE MAME Flanagan, R.W. 1820 S. Ocean Blvd. Delray Beach, FL 33483 TITLE MAME STREET ADDRESS CITY-ST-ZIP LITTLE MAME STREET ADDRESS CITY-ST-ZIP MAME STREET ADDRESS CITY-ST-ZIP DELRAY BEACH, FL 33483 CITY-ST-ZIP MAME STREET ADDRESS CITY-ST-ZIP DELRAY BEACH, FL 33483 CITY-ST-ZIP DELRAY DELRAY DELRAY BEACH, FL 33483 CITY-ST-ZIP DELRAY DELRAY DELRAY BEACH, FL 33483 CITY-ST-ZIP MAME STREET ADDRESS CITY-ST-ZIP Janet—Rice Jan	14	FEE IS \$61.25	9. Election C	Campaign Financing	\$5.00 May Be	Make Check		
MAME STREET ADDRESS Tro-st-zip Delray Beach, FL 33483 STREET ADDRESS STREET ADD			RECTORS					
STREET ADDRESS (CITY-ST-ZIP) Delray Beach, FL 33483 DITLE Vice-Presiden Director Kacandes, Katrina STREET ADDRESS CITY-ST-ZIP Delray Beach, FL 33483 Delray Beach, FL 33483 TITLE Treasurer-Director John Peters 1820 S. Ocean Blvd. Delray Beach, FL 33483 Delray Beach, FL 33483 Direct ADDRESS CITY-ST-ZIP Delray Beach, FL 33483 DITTLE TITLE SECRET ADDRESS CITY-ST-ZIP DIRECT ADDRESS CITY-ST-ZIP TITLE MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MAME STREET ADDRESS STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MAME STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MAME STREET ADDRESS STREET ADDR		· -)	
TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS	STREET ADDRESS 1820 S. Ocean Blvd.			IN CONTRACTOR OF SAFETY AND ASSESSED.			1	
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	CITY-ST-ZIP			CITY-SI-ZIP				
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS STREET			or				lica	
TITLE Treasurer-Director John Peters NAME 1820 S. Ocean Blvd. SIREET ADDRESS CITY-ST-ZIP Delray Beach, FL 33483 DIV-ST-ZIP INTHIS SPACE SIREET ADDRESS CITY-ST-ZIP DIrector Jamet-Rice NAME SIREET ADDRESS CITY-ST-ZIP DIrector James Maloney 1820 S. Ocean Blvd. Delray Beach, FL 33483 CITY-ST-ZIP DIrector James Maloney 1820 S. Ocean Blvd. SIREET ADDRESS CITY-ST-ZIP DIrector James Maloney 1820 S. Ocean Blvd. SIREET ADDRESS CITY-ST-ZIP Delray Beach, FL 33483 CITY-ST-ZIP TITLE NAME SIREET ADDRESS CITY-ST-ZIP SIREET ADDRESS SIREET ADD				19 ANALONG 2017 2017 10 10 10 10 10 10 10 10 10 10 10 10 10				
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP Delray Beach, FL 33483 TITLE NAME STREET ADDRESS CITY-ST-ZIP DI rector James Maloney STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	CITY-ST-ZIP	Delray Beach, FL 33	483	CITY-ST-ZIP				
STREET ADDRESS CITY-ST-ZIP Delray Beach, FL 33483 DITUE NAME NAME NAME STREET ADDRESS CITY-ST-ZIP Director James Maloney STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	1		•					
TITLE NAME NAME NAME SIREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP Director James Maloney STREET ADDRESS CITY-ST-ZIP Delray Beach, FL 33483 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS				发展的 1. 1965 美國國際共產黨 2. 1962 (2)				
NAME SIREET ADDRESS CITY-ST-ZIP Director NAME STREET ADDRESS CITY-ST-ZIP Director James Maloney STREET ADDRESS CITY-ST-ZIP Director James Maloney 1820 S. Ocean Blvd. STREET ADDRESS CITY-ST-ZIP Delray Beach, FL 33483 TITLE NAME STREET ADDRESS	CITY-ST-ZIP	Delray Beach, FL 33	483	CITY-ST-ZIP	no v	O WRI	E	
STREET ADDRESS CITY-ST-ZIP Director NAME STREET ADDRESS CITY-ST-ZIP Director James Maloney 1820 S. Ocean Blvd. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS				としておきないもの。これのなる情報のように関するのなる。他様式を回る方式の	IN TH	HIS SPAC	Ë	
TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	STREET ADDRESS	1820 S. Ocean Blvd.		40 16 ST 1081 BD 2025 NW 480E				
NAME STREET ADDRESS CITY-ST-ZIP Delray Beach, FL 33483 TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS	CITY-ST-ZIP		483	CITY+ST-ZIP				
STREET ADDRESS CITY-ST-ZIP Delray Beach, FL 33483 STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS	I I			1994-1975-1975-1985-1985-1985-1985-1985-1985-1985-198				
TITLE NAME NAME STREET ADDRESS STREET ADDRESS	ł I	1820 S. Ocean Blvd.						
NAME STREET ADDRESS STREET ADDRESS	1		483					
STREET ADDRESS STREET ADDRESS	1		- 	A SECTION OF THE CONTRACT OF T				
	1 1							
	; (产品产生产品。1940年6月,1950年6月	<u> </u>			

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 path; 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:

REPINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-1-04 56-1-272-2617

Date Daytime Phone #