

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90226 046 ****61.25

DOCUMENT # 707265

1. Entity Name

DEL HARBOUR CONDOMINIUM INC



Principal Place of Business

1820 S OCEAN BLVD
DELRAY BEACH FL 33483
US

Mailing Address

235 NE 6TH AVE.
SUITE D
DELRAY BEACH FL 33483
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1092571

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PUGH, DAVID
235 NW 6TH AVE.
STE. D
DELRAY BEACH FL 33483

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2005

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD
NAME FLANAGAN, R W ☐ Delete
STREET ADDRESS 1820 S OCEAN BLVD
CITY-ST-ZIP DELRAY BEACH FL 33483

TITLE **DIRECTOR** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VPD
NAME KACANDES, KATRINA ☐ Delete
STREET ADDRESS 1820 S OCEAN BLVD.
CITY-ST-ZIP DELRAY BEACH FL 33483

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE TD
NAME PETERS, JOHN ☐ Delete
STREET ADDRESS 1820SS OCEAN BLVD.
CITY-ST-ZIP DELRAY BEACH FL 33483

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE SD
NAME RICE, JANET ☒ Delete
STREET ADDRESS 1820 S OCEAN BLVD.
CITY-ST-ZIP DELRAY BEACH FL 33483

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D
NAME MALONEY, JAMES ☐ Delete
STREET ADDRESS 1820 S OCENA BLVD.
CITY-ST-ZIP DELRAY BEACH FL 33483

TITLE **PRESIDENT D.** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **SECRETARY** ☐ Change ☒ Addition
NAME **JENNIFER BECKMAN**
STREET ADDRESS **1820 S. OCEAN BLVD**
CITY-ST-ZIP **DELRAY BEACH, FL 33483**

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

JOHN S. PETERS
JOHN S. PETERS

Date

Daytime Phone #

4-22-05 561-272-2617