

# 2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED  
Jan 03, 2005  
Secretary of State

DOCUMENT# 723324

Entity Name: DEL MAR ASSOCIATION, INC

**Current Principal Place of Business:**

5400 NORTH A1A  
VERO BEACH, FL 32963

**New Principal Place of Business:**

**Current Mailing Address:**

5400 NORTH A1A  
VERO BEACH, FL 32963 US

**New Mailing Address:**

5400 NORTH A1A  
VERO BEACH, FL 32963 US

FEI Number: 48-0797191

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

COLELLA, PAUL  
5400 N. A1A. A18  
VERO BEACH, FL 32963 US

**Name and Address of New Registered Agent:**

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: PAUL COLELLA

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: SMITH, BARADAR  
Address: 5400 NA1A I-12  
City-St-Zip: VERO BEACH, FL 32963

Title: S ( ) Delete  
Name: O'NEIL, JOHN  
Address: 5400 N A1A D 09  
City-St-Zip: VERO BEACH, FL 32963

Title: P ( ) Delete  
Name: COLELLA, PAUL  
Address: 5400 N A1A E-2  
City-St-Zip: VERO BEACH, FL 32963

Title: D ( ) Delete  
Name: ADAMS, BETSY  
Address: 5400 N. A1A C-09  
City-St-Zip: VERO BEACH, FL 32963

Title: D ( ) Delete  
Name: RANKINS, PAUL  
Address: 5400 N. A1A E-09  
City-St-Zip: VERO BEACH, FL 32963

Title: VP ( ) Delete  
Name: BROOKS, GEORGE  
Address: 5400 N A-1-A D28  
City-St-Zip: VERO BEACH, FL 32963

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D (X) Change ( ) Addition  
Name: SMITH, BARBARA  
Address: 5400 NA1A I-12  
City-St-Zip: VERO BEACH, FL 32963

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: PAUL COLELLA

Electronic Signature of Signing Officer or Director

P

01/03/2005

Date