

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 723324

FILED
Jan 12, 2006
Secretary of State

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:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: SMITH, BARBARA
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: CAPTAIN, JAMES
Address: 5400 NA1A D-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: T/D (X) Change () Addition
Name: NOTORANTONIOINS, PAT
Address: 5400 N. A1A D-17
City-St-Zip: VERO BEACH, FL 32963

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 Chapter 119, 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

P/D

01/12/2006

Electronic Signature of Signing Officer or Director

Date