2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 08, 2008
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:

FEI Number: 48-0797191 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DOTY, KEVIN
947 20TH PLACE
VERO BEACH, FL 32960 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: CONSTANTINI, SIRO
Address: 5400 NA1A G-32
City-St-Zip: VERO BEACH, FL 32963

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

Title: P/D ( ) Delete
Name: PALUMBO, BARBARA
Address: 5400 N A1A B-28
City-St-Zip: VERO BEACH, FL 32963

Title: VP/D ( ) Delete
Name: FOLEY, JOHN
Address: 5400 N. A1A I-14
City-St-Zip: VERO BEACH, FL 32963

Title: T/D ( ) Delete
Name: BAGRATIONOFF, PETER
Address: 5400 N. A1A E-15
City-St-Zip: VERO BEACH, FL 32963

Title: D ( ) Delete
Name: TELFORD, CAROL
Address: 5400 N A-1-A E-15
City-St-Zip: VERO BEACH, FL 32963

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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:

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

I hereby certify that the information supplied with this filing does not qualify 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: BARBARA PALUMBO PRES 04/08/2008

Electronic Signature of Signing Officer or Director — Date