

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 01, 2007 8:00 am
Secretary of State

03-01-2007 90017 044 ****61.25

DOCUMENT # 742965

1. Entity Name
DALTON PLACE CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
**4748 SOUTH OCEAN BLVD.
HIGHLAND BCH., FL 33487**

Mailing Address
**4748 SOUTH OCEAN BLVD.
HIGHLAND BCH., FL 33487**

40026981



01052007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1935601

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**MORGASEN, GERALD
4748 S OCEAN BLVD, #1461
HIGHLAND BEACH, FL 33487**

**DO NOT WRITE
IN THIS SPACE**

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

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **VP VICE PRESIDENT**
NAME
STREET ADDRESS
CITY-ST-ZIP
**PALASKE, DANIEL E
4748 S OCEAN BLVD
HIGHLAND BEACH, FL 33487**

TITLE **SD DIRECTOR**
NAME
STREET ADDRESS
CITY-ST-ZIP
**STERN, RICHARD
4748 S OCEAN BLVD #202
HIGHLAND BEACH, FL 33487**

TITLE **VP DIRECTOR**
NAME
STREET ADDRESS
CITY-ST-ZIP
**YACT, JOSEPH
4748 S OCEAN BLVD
HIGHLAND BCH., FL 33487**

TITLE **SE SECRETARY**
NAME
STREET ADDRESS
CITY-ST-ZIP
**HAGELMANN, HAROLD
4748 S OCEAN BLVD
HIGHLAND BCH., FL 33487**

TITLE **P**
NAME
STREET ADDRESS
CITY-ST-ZIP
**MORGASEN, GERALD
4748 S OCEAN BLVD
HIGHLAND BEACH, FL 33487**

TITLE **T**
NAME
STREET ADDRESS
CITY-ST-ZIP
**ISENBERG, FRED
4748 S OCEAN BLVD
BOCA RATON, FL 33487**

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DANIEL PALASKE

Date

Daytime Phone #

2/22/07

391-7875