

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 28, 2006 8:00 am**  
**Secretary of State**

03-28-2006 90124 026 \*\*\*\*61.25

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<b>DOCUMENT # 747885</b> 1. Entity Name DALEWOOD CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 1401 N.W. 15TH AVENUE BOCA RATON, FL 33486			Mailing Address 1401 N.W. 15TH AVENUE #2 BOCA RATON, FL 33486		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
				Country	
6. Name and Address of Current Registered Agent  ERAZO, ED 1401 NW 15TH AVE #5 BOCA RATON, FL 33486				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span>FL</span> <span>Zip Code</span> </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be</b> <b>Added to Fees</b>	
<b>Make check payable to</b> <b>Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP GASTON, JOSEPH B <input type="checkbox"/> Delete 1401 NW 15TH AVE., #9 BOCA RATON, FL 33486		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV TISDALE, TERESA <input checked="" type="checkbox"/> Delete 1401 NW 15TH AVE., #5 BOCA RATON, FL 33486		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV Ed Erazo <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1401 NW 15th Ave. #10 Boca Raton FL 33486	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S POPPEL, HELEN <input checked="" type="checkbox"/> Delete 1401 NW 15TH AVE., #3 BOCA RATON, FL 33486		TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Beth Amado <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1401 NW 15th Ave #2 Boca Raton FL 33486	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ERAZO, ED <input checked="" type="checkbox"/> Delete 1401 NW 15TH AVE #10 BOCA RATON, FL 33486		TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Fred Gramberg <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1401 NW 15th Ave. #6 Boca Raton FL 33486	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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.					
<b>SIGNATURE:</b> <span style="float: right;">2/6/06</span>					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
<small>Date Daytime Phone #</small>					