

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 09, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # 747885**

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**



03012008 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**65-0045388**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**GASTON, JOSEPH BRENT  
7536 SILVERWOODS CT  
BOCA RATON, FL 33433**

**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 re-registering)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

11030000222264

04/22/08-80030-021 61.25

**10. OFFICERS AND DIRECTORS**

TITLE	DP
NAME	GASTON, JOSEPH B
STREET ADDRESS	1401 NW 15TH AVE., #9
CITY-ST-ZIP	BOCA RATON, FL 33486
TITLE	S
NAME	ERAZO, ED
STREET ADDRESS	1401 NW 15TH AVE, # 10
CITY-ST-ZIP	BOCA RATON, FL 33486
TITLE	DV
NAME	AMADO, BETH
STREET ADDRESS	1401 NW 15TH AVE, # 2
CITY-ST-ZIP	BOCA RATON, FL 33486
TITLE	T
NAME	GRAMBERG, FRED
STREET ADDRESS	1401 NW 15TH AVE, # 6
CITY-ST-ZIP	BOCA RATON, FL 33486
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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 empowerments.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-3-08 5617505448