FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 APR 26 PM 12:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 749439 (6)

1. Corporation Name
VIA DEL MAR CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
1487 VIA MIGUEL JUPITER FL 33479	1487 VIA MIGUEL JUPITER FL 33479

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/22/1979
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-1837555 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
8. *This corporation has liability for intangible tax under S. 199.032, Florida Statutes* ☒ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

~~CARTER, MARY~~
~~10250 RIVERSIDE DR.~~
~~SUITE 6~~
~~PALM BEACH GARDENS FL 33410~~

10. Name and Address of New Registered Agent

81 Name: Dan Irvine
82 Street Address (P.O. Box Number is Not Acceptable): 11942 SE Dixie Highway
83
84 City: Hobe Sound FL 85 Zip Code: 33455

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE [signature] 4-19-95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	~~PD~~	1.1 TITLE	PD	☒ Change ☐ Addition
NAME	~~MIDDLETON, ELIZABETH~~	1.2 NAME	LOU CARRINO	
STREET ADDRESS	~~1474 VIA MIGUEL~~	1.3 STREET ADDRESS	1486 VIA MIGUEL	
CITY-ST-ZIP	~~JUPITER FL 33477~~	1.4 CITY-ST-ZIP	JUPITER, FL 33477	
TITLE	~~VD~~	2.1 TITLE	VD	☒ Change ☐ Addition
NAME	~~MORAN, HARRIET~~	2.2 NAME	MORTON FISHER	
STREET ADDRESS	~~1470 VIA MIGUEL~~	2.3 STREET ADDRESS	1486 VIA Del Sol	
CITY-ST-ZIP	~~JUPITER FL 33477~~	2.4 CITY-ST-ZIP	Jupiter, Fl. 33477	
TITLE	~~SD~~	3.1 TITLE	S	☒ Change ☐ Addition
NAME	~~MAIER, HANNA~~	3.2 NAME	LORETTA McDONALD	
STREET ADDRESS	~~1474 VIA CAMERON~~	3.3 STREET ADDRESS	1481 Via Del Sol	
CITY-ST-ZIP	~~JUPITER FL 33477~~	3.4 CITY-ST-ZIP	Jupiter, Fl. 33477	
TITLE	TD	4.1 TITLE		☐ Change ☐ Addition
NAME	MAIER, HELMUT	4.2 NAME		
STREET ADDRESS	1472 VIA CAMERON	4.3 STREET ADDRESS		
CITY-ST-ZIP	JUPITER FL 33477	4.4 CITY-ST-ZIP		
TITLE	D	5.1 TITLE		☐ Change ☐ Addition
NAME	REGER, BERNICE	5.2 NAME		
STREET ADDRESS	1474 VIA PRIVADA	5.3 STREET ADDRESS		
CITY-ST-ZIP	JUPITER FL 33477	5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] Pres. 4-17-95
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL Date Daytime Phone #

0961441