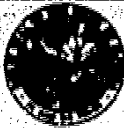


FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Morheim
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.

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 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30
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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	85 Zip Code 33455
82 Street Address (P.O. Box Number is Not Acceptable) 11942 SE Dixie Highway	
83	
84 City Hobe Sound	FL

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 of Registered Agent and (if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

4-19-95

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PO- MIDDLETON, ELIZABETH	1.1 TITLE	PD
NAME	1474 VIA MIGUEL	1.2 NAME	LOU CARRINO
STREET ADDRESS	JUPITER FL 33477	1.3 STREET ADDRESS	1486 VIA MIGUEL
CITY-ST-ZIP	JUPITER FL 33477	1.4 CITY-ST-ZIP	JUPITER, FL 33477
TITLE	VO- MORAN, HARRIET	2.1 TITLE	VD
NAME	1470 VIA MIGUEL	2.2 NAME	MORTON FISHER
STREET ADDRESS	JUPITER FL 33477	2.3 STREET ADDRESS	1486 VIA Del Sol
CITY-ST-ZIP	JUPITER FL 33477	2.4 CITY-ST-ZIP	Jupiter, Fl. 33477
TITLE	SO- MAIER, HANNA	3.1 TITLE	S
NAME	1474 VIA CAMERON	3.2 NAME	LORETTA McDONALD
STREET ADDRESS	JUPITER FL 33477	3.3 STREET ADDRESS	1481 Via Del Sol
CITY-ST-ZIP	JUPITER FL 33477	3.4 CITY-ST-ZIP	Jupiter, Fl. 33477
TITLE	TD MAIER, HELMUT	4.1 TITLE	
NAME	1472 VIA CAMERON	4.2 NAME	
STREET ADDRESS	JUPITER FL 33477	4.3 STREET ADDRESS	
CITY-ST-ZIP	JUPITER FL 33477	4.4 CITY-ST-ZIP	
TITLE	D REGER, BERNICE	5.1 TITLE	
NAME	1474 VIA PRIVADA	5.2 NAME	
STREET ADDRESS	JUPITER FL 33477	5.3 STREET ADDRESS	
CITY-ST-ZIP	JUPITER FL 33477	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
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 110.07(3)(b), 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:

Louis Carrino
Signature and Typed or Printed Name of Board Officer or Director

4-17-95

Date

Daytime Phone #