

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2002 8:00 am
Secretary of State

04-23-2002 90373 048 ****61.25

DOCUMENT # 749439

1. Entity Name

LA DEL MAR CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**1437 VIA MIGUEL
 JUPITER FL 33477-7225**

**1487 VIA MIGUEL
 JUPITER FL 33477-7725**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1837555

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**POLINO, STEPHEN R LCAM
 C/O DICKINSON MANAGEMENT, INC
 400 TONEY PENNA DRIVE
 JUPITER FL 33458-5713**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

N/A

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MUNSON, ELIZABETH 1478 VIA DEL SOL JUPITER FL 33477-7225	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCINTYRE, JOAN 1484 VIA CAMERON JUPITER FL 33477-7225	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MAIER, HELMUT 1472 VIA CAMERON JUPITER FL 33477	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CONWAY, PETER 1473 VIA DE LA PALMA JUPITER FL 33477	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD GUNTNER, GREGORY B 1475 VIA DEL SOL JUPITER FL 33477-7225	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 the empowered.

SIGNATURE:

SIGNATURE REQUIRED

4-11-02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)