


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 06, 2008 8:00 am**  
**Secretary of State**

02-06-2008 90023 007 \*\*\*\*61.25

<b>DOCUMENT # 749439</b> 1. Entity Name <b>VIA DEL MAR CONDOMINIUM ASSOCIATION, INC.</b>					
Principal Place of Business <b>1487 VIA MIGUEL JUPITER, FL 33477-7725</b>			Mailing Address <b>1930 COMMERCE LANE JUPITER, FL 33458</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		4. FEI Number <b>23-2139254</b>
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>INGLIS, STEVE PCAM BRISTOL MGMT. SVCS. 1930 COMMERCE LANE, #1 JUPITER, FL 33458</b>			7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ <b>FL</b> 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. 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 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to 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	<b>SD</b> <b>CONDON, JUDY</b> <b>1469 VIA DEL SOL</b> <b>JUPITER, FL 33477</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Secretary</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>MUNSON, BETSY</b> <b>1478 VIA DEL SOL</b> <b>JUPITER, FL 33477</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>President Elizabeth Munson</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition <b>1478 Via Del Sol</b> <b>Jupiter, FL 33477</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>MCDONALD, CHARLY</b> <b>1481 VIA DEL SOL</b> <b>JUPITER, FL 33477</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Vice President</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>SHAKER, ALBERT</b> <b>1484 VIA DEL SOL</b> <b>JUPITER, FL 33477</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Director</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>ORCHARD, STETSON</b> <b>1470 VIA DE LA PALMA</b> <b>JUPITER, FL 33458</b> <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Treas Klinker, Jackie</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>1478 VIA Miguel</b> <b>JUPITER FL 33477</b>	
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> <i>Elizabeth Munson</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <b>1/31/08</b> Daytime Phone # _____		