2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2005 08:00 AM
Secretary of State

DOCUMENT # N01000002086

1. Entity Name
DELANCEY HALL OWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
3 CASA ROMA LANE #3 KEY WEST, FL 33040	3 CASA ROMA LANE #3 KEY WEST, FL 33040

DO NOT WRITE IN THIS SPACE

03112005 No Chg-NP CR2E037 (10/03)

4. FEI Number
65-1088639

Applied Fo
Not Applic

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

MELLONCAMP, KEVIN
3 CASA ROMA LANE #3
KEY WEST, FL 33040

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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 acc the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

U00000263724
03/14/05-80109-004 61.25

10. OFFICERS AND DIRECTORS

TITLE	TSD
NAME	MELLONCAMP, KEVIN
STREET ADDRESS	3 CASA ROMA LANE #3
CITY-ST-ZIP	KEY WEST, FL 33040
TITLE	PD
NAME	EDWARDS, KENNETH L
STREET ADDRESS	PO BOX 6366
CITY-ST-ZIP	KEY WEST, FL 33041
TITLE	D
NAME	GROSKY, JEFFERY
STREET ADDRESS	526 WILLIAM ST. #5
CITY-ST-ZIP	KEY WEST, FL 33040
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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 informati 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 direc 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: K. Mellencamp 3-11-05 305-294-7771
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #