



2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2008 8:00 am
Secretary of State

04-18-2008 90046 046 ****61.25

DOCUMENT # N02128 1. Entity Name DEL REY CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 190 N. WESTMONTE DR. #100 ALTAMONTE SPRINGS, FL 32714 US			Mailing Address 190 N. WESTMONTE DR. #100 ALTAMONTE SPRINGS, FL 32714 US		
2. Principal Place of Business - No P.O. Box # 860 North S.R. 434		3. Mailing Address 860 North S.R. 434		<div style="font-size: 24px; font-weight: bold;">40072379</div>  <div style="font-size: 12px;">03192008 Chg-NP CR2E037 (12/06)</div>	
Suite, Apt. #, etc. Suite 1009		Suite, Apt. #, etc. Suite 1009			
City & State Altamonte Springs, FL		City & State Altamonte Springs, FL			
Zip 32714		Country USA		4. FEI Number 59-2425055	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required. <input type="checkbox"/>		Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent CAMPBELL, MARILYN 190 N. WESTMONTE DR. STE. 100 ALTAMONTE SPRINGS, FL 32714				7. Name and Address of New Registered Agent Name Campbell, Marilyn Street Address (P.O. Box Number is Not Acceptable) 860 North S.R. 434 Suite 1009 City Altamonte Springs FL Zip Code 32714	
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 <u><i>Marilyn Campbell</i></u> 3/25/08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD MACERRON, ROXANNA POB 5031 WINTER PARK, FL 32793		TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP Mackerron, Roxanna P.O. Box 5031 Winter Park, FL 32793	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD SENNER, SANDRA PO BOX 561108 ORLANDO, FL 32856-1108		TITLE NAME STREET ADDRESS CITY - ST - ZIP	S/T Cabrera, John 6116 Curry Ford Rd #130 Orlando, FL 32822	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD FISCHBACH, ALLEN 6110 CURRY FORD RD. #218 ORLANDO, FL 32822		<div style="text-align: right;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </div>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<div style="text-align: right;"> <input type="checkbox"/> Delete </div>		<div style="text-align: right;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </div>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<div style="text-align: right;"> <input type="checkbox"/> Delete </div>		<div style="text-align: right;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </div>		
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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.					
SIGNATURE: <u><i>Allen Fischbach</i></u> ALLEN FISCHBACH 4/14/08 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					