2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Aug 15, 2006 8:00 am
Secretary of State
08-15-2006 90001 035 ****61.25

DOCUMENT # N03000000319

1. Entity Name

ALLIANCE OF OWNERS VIA DELFINO CONDOMINIUM, INC.

Principal Place of Business	Mailing Address
5150 N OCEAN DRIVE RIVERA BEACH FL 33404	5150 N OCEAN DRIVE RIVERA BEACH FL 33404

2nd MOORE CR2E037 (4/06)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc. #2100	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 75-3122550 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

ORLICH, P DANIEL
5150 N OCEAN DRIVE
RIVERA BEACH FL 33404

7. Name and Address of New Registered Agent

Name ERICKA CRUISE

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

5150 NORTH OCEAN DRIVE #2100

City RIVIERA BEACH FL Zip Code 33404

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 _____ ERICKA CRUISE 8/09/2006
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
Due By September 6, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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	DT ORLICH, P. DANIEL 5150 NORTHOCEAN DR RIVIERA BEACH FL 33404	☒ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DVP CRUISE, ERIKA 5150 NORTHOCEAN DR RIVIERA BEACH FL 33404	☐ Delete	DPT	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP ADAMS, JOHN 5150 NORTH OCEAN DRIVE RIVIERA BEACH FL 33404	☒ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	[redacted]	☐ Delete	DVP DON TOURVILLE 5150 NORTH OCEAN DRIVE RIVIERA BEACH, FL 33404	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	DVP LINDA HOLDENHOEVEN 5150 NORTH OCEAN DRIVE RIVIERA BEACH, FL 33404	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ 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.

SIGNATURE: _____ ERICKA CRUISE 8/09/2006
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date