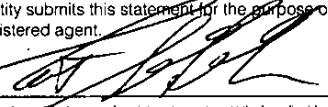
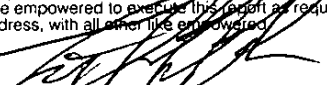


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 07, 2007 8:00 am
Secretary of State

05-07-2007 90061 013 ****61.25

DOCUMENT # N03000000319 1. Entity Name ALLIANCE OF OWNERS VIA DELFINO CONDOMINIUM, INC.					
Principal Place of Business 5150 N OCEAN DRIVE RIVERA BEACH, FL 33404			Mailing Address 5150 N OCEAN DRIVE SUITE 2100 RIVERA BEACH, FL 33404		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		401000-  04172007 Chg-NP CR2E037 (12/06)	
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				401000-  04172007 Chg-NP CR2E037 (12/06)	
6. Name and Address of Current Registered Agent CRUISE, ERICKA 5150 N OCEAN DRIVE SUITE 2100 RIVERA BEACH, FL 33404					
7. Name and Address of New Registered Agent Name GERRISH, SCOT Street Address (P.O. Box Number is Not Acceptable) 2950 50th RD City GREENACRES, FL Zip Code 33467					
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  SCOT A. GERRISH DATE April 18, 2007 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$61.25 Due by May 1, 2007		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	DPT CRUISE, ERIKA 5150 NORTHOCEAN DR RIVERA BEACH, FL 33404 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TOURVILLE, DON 5150 N. OCEAN DR. RIVERA BEACH, FL 33404 ☒ Change ☒ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP TOUAVILLE, DON 5150 NORTH OCEAN DR RIVERA BEACH, FL 33404 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CRUISE, ERIKA 5150 N. OCEAN DR. RIVERA BEACH, FL 33404 ☒ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP KOBLENHORVEN, LINDA 5150 NORTH OCEAN DR RIVERA BEACH, FL 33404 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DTS KOBLENHORVEN, LINDA 5150 N. OCEAN DR. RIVERA BEACH, FL 33404 ☒ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	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 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:  SCOT GERRISH Date April 30 2007 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					