2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2008 8:00 am
Secretary of State
01-29-2008 90016 029 ****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 SUITE 2100 RIVERA BEACH, FL 33404

01052008 Chg-NP CR2E037 (12/06)

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 75-3122550 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

GERRISH, SCOT
2950 JOG RD
GREENACRES, FL 33467

7. Name and Address of New Registered Agent

Name Florida 1st Association Management
Street Address (P.O. Box Number is Not Acceptable)
1165 E. Blue Heron Blvd, Suite K
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 [signature] CCAM
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, 2008

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	D CRUISE, ERIKA 5150 NORTHOCEAN DR RIVIERA BEACH, FL 33404	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD TOUAVILLE, DON 5150 NORTH OCEAN DR RIVIERA BEACH, FL 33404	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P LINDNER, Robert 5150 N. Ocean Drive #401 Riviera Beach, FL 33404 ☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DTS KOBLENHORVEN, LINDA 5150 NORTH OCEAN DR RIVIERA BEACH, FL 33404	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S/T ADAMS, John 5150 N. Ocean Drive #202 Riviera 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: [signature] 1/29/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #