

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N04000011279

1. Entity Name  
DEL MAR WEST CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business  
4189 CLEVELAND ST  
SUITE 225  
CLEARWATER, FL 33765

Mailing Address  
4189 CLEVELAND ST  
SUITE 225  
CLEARWATER, FL 33765

**DO NOT WRITE IN THIS SPACE**

**FILED**  
**Sep 10, 2008 08:00 AM**  
**Secretary of State**



09082008 No Chg-NP

CR2E037 (4/06)

4. FEI Number  
54-2163682

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

LEIGHTON, LENNARD A  
2189 CLEVELAND ST 225  
CLEARWATER, FL 33765

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IN THIS SPACE**

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, 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 September 12, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DP  
BEKHOR, DAVID  
8200 BRYAN ROAD STE 300  
LARGO, FL 33777

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DT  
KARNS, WILLIAM  
8200 BRYAN ROAD STE 300  
LARGO, FL 33777

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
NANNI, MARK  
8200 BRYAN ROAD STE 300  
LARGO, FL 33777

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

U000000859410  
09/10/08-80003-011 61.25

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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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #