

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000011279

FILED
May 01, 2009
Secretary of State

Entity Name: DEL MAR WEST CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

4189 CLEVELAND ST
SUITE 225
CLEARWATER, FL 33765

New Principal Place of Business:

19535 GULF BLVD
SUITE E
INDIAN SHORES, FL 33785

Current Mailing Address:

4189 CLEVELAND ST
SUITE 225
CLEARWATER, FL 33765

New Mailing Address:

PO BOX 86507
MADEIRA BEACH, FL 33738

FEI Number: 54-2163682 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

CONDO MANAGEMENT PLUS
19535 GULF BLVD
SUITE E
INDIAN SHORES, FL 33785 US

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.

SIGNATURE: PHILLIP DVORAK

05/01/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: BEKHOR, DAVID
Address: 8200 BRYAN ROAD STE 300
City-St-Zip: LARGO, FL 33777

Title: DT () Delete
Name: KARNS, WILLIAM
Address: 8200 BRYAN ROAD STE 300
City-St-Zip: LARGO, FL 33777

Title: D () Delete
Name: NANNI, MARK
Address: 8200 BRYAN ROAD STE 300
City-St-Zip: LARGO, FL 33777

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ST (X) Change () Addition
Name: BEKHOR, DAVID
Address: 19535 GULF BLVD SUITE E
City-St-Zip: INDIAN SHORES, FL 33785

Title: P (X) Change () Addition
Name: KARNS, WILLIAM
Address: 19535 GULF BLVD SUITE E
City-St-Zip: INDIAN SHORES, FL 33785

Title: VP (X) Change () Addition
Name: NANNI, MARK
Address: 19535 GULF BLVD SUITE E
City-St-Zip: INDIAN SHORES, FL 33785

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PHILLIP DVORAK

CAM

05/01/2009

Electronic Signature of Signing Officer or Director

Date