

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N04000011279

**FILED**  
**Feb 16, 2011**  
**Secretary of State**

**Entity Name:** DEL MAR WEST CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

C/O ALLIANCE PROPERTY MANAGEMENT SOLUTION  
12800 INDIAN ROCKS RD STE 1  
LARGO, FL 33774

**New Principal Place of Business:**

C/O ALLIANCE PROPERTY MANAGEMENT SOLUTIONS  
12800 INDIAN ROCKS RD - SUITE 1  
LARGO, FL 33774

**Current Mailing Address:**

C/O ALLIANCE PROPERTY MANAGEMENT SOLUTIONS  
P O BOX 36  
LARGO, FL 337790036

**New Mailing Address:**

C/O ALLIANCE PROPERTY MANAGEMENT SOLUTIONS  
P O BOX 36  
LARGO, FL 33779

**FEI Number:** 54-2163682

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SCOTT, ROBERT  
12800 INDIAN ROCKS RD  
SUITE 1  
LARGO, FL 33774 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: ST  
Name: BEKHOR, DAVID  
Address: 12800 INDIAN ROCKS RD - SUITE 1  
City-St-Zip: LARGO, FL 33774

Title: VP  
Name: KARNS, WILLIAM  
Address: 12800 INDIAN ROCKS RD - SUITE 1  
City-St-Zip: LARGO, FL 33774

Title: P  
Name: NANNI, MARK  
Address: 12800 INDIAN ROCKS RD - SUITE 1  
City-St-Zip: LARGO, FL 33774

I hereby 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 all other like empowered.

SIGNATURE: ROBERT SCOTT

LCAM

02/16/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date