


**FILED**  
**May 23, 2007 8:00 am**  
**Secretary of State**

04-30-2007 90816 040 \*\*\*\*61.25

**2007 NOT-FOR-PROFIT CORPORATION  
 ANNUAL REPORT**

4/3

<b>DOCUMENT # N05000006560</b> 1. Entity Name <b>DEL CENTRO CONDOMINIUM ASSOCIATION, INC.</b>		
Principal Place of Business 2340 SR 580 CLEARWATER, FL 33763		Mailing Address 2340 SR 580 CLEARWATER, FL 33763
2. Principal Place of Business - No, P.O. Box # <b>146 2nd St N # 202</b>		3. Mailing Address <b>146 2nd St N</b>
Suite, Apt. #, etc. 		Suite, Apt. #, etc. <b>202</b>
City & State <b>St Pete FL</b>		City & State <b>St Petersburg FL</b>
Zip <b>33701</b>		Zip <b>33701</b>
Country <b>USA</b>		Country <b>USA</b>
6. Name and Address of Current Registered Agent <b>D &amp; B CORPORATE SERVICES, INC.          5999 CENTRAL AVE.          STE 202          ST PETERSBURG, FL 33710</b>		7. Name and Address of New Registered Agent Name <b>AMG</b> Street Address (P.O. Box Number is Not Acceptable) <b>146 2nd St N # 202</b> City <b>St Petersburg</b> FL Zip Code <b>33701</b>
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 <b>Rebecca Saylor</b> <b>Rebecca Saylor LCAM</b> <b>4-27-07</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE</small>		
<b>Filing Fee is \$81.25          Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
Make check payable to Florida Department of State		
<b>10. OFFICERS AND DIRECTORS</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP <b>STALKER, MARK J</b> <b>2340 SR 580 SUITE W</b> <b>CLEARWATER, FL 33763</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <b>Dennis Raymond</b> <b>210 7th Ave N</b> <b>St Pete FL 33701</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR <b>Jeff Hirschburger</b> <b>224 7th Ave N</b> <b>St Pete FL 33701</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <b>Dennis Sheitz</b> <b>204 7th Ave N</b> <b>St Pete FL 33701</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <b>Dennis Raymond</b> <b>210 7th Ave N</b> <b>St Pete FL 33701</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <b>Dennis Raymond</b> <b>210 7th Ave N</b> <b>St Pete FL 33701</b>	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <b>Dennis Raymond</b> <b>210 7th Ave N</b> <b>St Pete FL 33701</b>	<input type="checkbox"/> Delete
<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <b>Dennis Sheitz</b> <b>204 7th Ave N</b> <b>St Pete FL 33701</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <b>Dennis Raymond</b> <b>210 7th Ave N</b> <b>St Pete FL 33701</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR <b>Jeff Hirschburger</b> <b>224 7th Ave N</b> <b>St Pete FL 33701</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <b>Dennis Raymond</b> <b>210 7th Ave N</b> <b>St Pete FL 33701</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <b>Dennis Raymond</b> <b>210 7th Ave N</b> <b>St Pete FL 33701</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <b>Dennis Raymond</b> <b>210 7th Ave N</b> <b>St Pete FL 33701</b>	<input type="checkbox"/> Change <input type="checkbox"/> 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: <b>Rebecca Saylor</b> <b>Rebecca Saylor</b>		Date <b>4-27-07</b> Daytime Phone # <b>727-898-8896</b>