




2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2008 8:00 am
Secretary of State

04-16-2008 90040 007 ****61.25

DOCUMENT # N06000012947 1. Entity Name DEL MAR RETAIL CENTER CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 5288 HAWKESBURY WAY NAPLES, FL 34119			Mailing Address C/O COLONIAL SQUARE REALTY INC PO BOX 10608 NAPLES, FL 34101		
2. Principal Place of Business - No P.O. Box # 7785 Davis Boulevard		3. Mailing Address Suite, Apt. #, etc.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Naples FL		City & State		4. FEI Number 51-0623565	
Zip 34104		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent COLONIAL SQUARE REALTY INC. 1048 GOODLETTE ROAD #200 NAPLES, FL 34102				7. Name and Address of New Registered Agent Name Colonial Square Realty Street 1048 Goodlette Rd, Suite 201 City Naples FL Zip Code 34102	
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  Clifford Olson 4/4/08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing <input type="checkbox"/> \$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 GLOGAU, KURT 8775 HIDEAWAY HARBOR COURT NAPLES, FL 34120	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GLOGAU, JOANNE 8775 HIDEAWAY HARBOR COURT NAPLES, FL 34120	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D WEBER, CHRISTOPHER 8775 HIDEAWAY HARBOR COURT NAPLES, FL 34120	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D WEBER, SHERRY 8757 HIDEAWAY HARBOR STREET NAPLES, FL 34120	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	 	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	 	<input type="checkbox"/> Delete			
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:  Clifford Olson 4/4/08 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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