

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Feb 15, 2008 08:00 AM
Secretary of State

DOCUMENT # N20353

1. Entity Name

PONTE DEL MAR CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

Mailing Address

911 S. OCEAN BLVD.
3A
BOCA RATON FL 33432
US

PONTE DEL MAR
911 S. OCEAN BLVD 3A
BOCA RATON FL 33432
US



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/07)

4. FEI Number

06-1228346

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SALLEY, JOHN
911 S. OCEAN BLVD. APT 3A
BOCA RATON FL 33432

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 re-appointing)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2008

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$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 ☐ Delete
NAME DP
STREET ADDRESS SALLEY, JOHN
CITY-ST-ZIP 911 S OCEAN BLVD #3-A
BOCA RATON FL 33432

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS U00000829651
CITY-ST-ZIP 02/26/08-80051-003 61.25

TITLE ☐ Delete
NAME DVPT
STREET ADDRESS CUSHING, JAMES
CITY-ST-ZIP 911 S OCEAN BLVD #3 C
BOCA RATON FL 33432

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME DS
STREET ADDRESS CASEY, GAYLE
CITY-ST-ZIP 911 S. OCEAN BLVD. #4C
BOCA RATON FL 33432

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME D
STREET ADDRESS CEPEDA, GAYLE
CITY-ST-ZIP 2991 BANYON RD
BOCA RATON FL 33432

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *John Salley Pres.* 2-11-08 561-338-2185