


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
Aug 18 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N25569 (7)
 1. Corporation Name
DEL-MAR CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business % RORY L. WESTLUND 603 2ND ST INDIAN ROCKS BEACH FL 34635 US	Mailing Address % RORY L. WESTLUND 603 2ND ST INDIAN ROCKS BEACH FL 34635 US
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 03/24/1988	3a. Date of Last Report 07/12/1996
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2. Principal Place of Business 21 c/o Kelly McGaughey Suite, Apt. #, etc. 22 603 - 2nd St. City & State 23 Indian Rocks Beach, FL Zip 24 33785 Country 25 US	2a. Mailing Address 26 c/o Kelly McGaughey Suite, Apt. #, etc. 27 603 - 2nd St. City & State 28 Indian Rocks Beach, FL Zip 29 33785 Country 30 US
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4. FEI Number NOT APPLICABLE	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent
MCGAUGHEY, KELLY R
603 2ND STREET
INDIAN ROCKS BEACH FL 34635

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	D <input type="checkbox"/> DELETE
NAME	MCGAUPHEY, KELLY
STREET ADDRESS	603 2ND ST. NO.
CITY-ST-ZIP	INDIAN R. BEACH FL
TITLE	D <input type="checkbox"/> DELETE
NAME	BOVE, ANDREW D
STREET ADDRESS	605 2ND ST
CITY-ST-ZIP	INDIAN ROCKS FL
TITLE	D <input type="checkbox"/> DELETE
NAME	WESTLUND, RORY
STREET ADDRESS	601 2ND ST NORTH
CITY-ST-ZIP	INDIAN ROCKS BCH. FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	MCGAUGHEY, KELLY
1.3 STREET ADDRESS	603 - 2ND ST.
1.4 CITY-ST-ZIP	INDIAN ROCKS BEACH, FL 33785
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE _____ SIGNATURE REQUIRED _____ 8-2-97 (617) 572-1171

CFR2037 (4/97)