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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N25569

1. Corporation Name
DEL-MAR CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business C/O MCGAUHEY.KELLY 603 - 2ND ST INDIAN ROCKS BEACH FL 33785 US	Mailing Address C/O MCGAUGHEY.KELLY 603 - 2ND ST INDIAN ROCKS BEACH FL 33785 US
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2. Principal Place of Business 21 SAILWINDS PROPERTY MGMT	2a. Mailing Address 26 SAILWINDS PROPERTY MGMT.	3. Date Incorporated or Qualified 03/24/1988
Suite, Apt. #, etc. 22 1377 CURTIS DR E.	Suite, Apt. #, etc. 27 1377 CURTIS DR. E.	4. FEI Number 59-3462962 NOT APPLICABLE
City & State 23 CLEARWATER FL	City & State 28 CLEARWATER FL	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 33764 Country USA	Zip 33764 Country USA	6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees Trust Fund Contribution <input type="checkbox"/>

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 CAROL L. STANEK, AGENT
82 Street Address (P.O. Box Number is Not Acceptable) SAILWINDS PROPERTY MGMT. INC.
83 1377 CURTIS DR. EAST
84 City CLEARWATER FL 85 Zip Code 33764

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 *Carol L. Stanek* **CAROL L. STANEK** DATE **4-30-99**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MCGAUPHEY, KELLY 603 - 2ND ST INDIAN R. BEACH FL <input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SOTOLONGO, RENE 605 2ND STREET INDIAN ROCKS BEACH FL <input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MC GAUGHEY, CAROLE 601 2ND STREET, NORTH INDIAN ROCKS BEACH FL <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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	PT-D McGaughey, Kelly <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 11388 Heritage Way Seminole, FL 33778
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	SD MCGAUGHEY, CAROLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 11388 HERITAGE WAY SEMINOLE, FL 33778
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I 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, with all other like empowered.

SIGNATURE: *Katherine Harris* **SIGNATURE REQUIRED** Date **4-30-99** Daytime Phone # **727-536-7468**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (1/198)