2000 UNIFORM BUSINESS REPORT (UBR)

FILED May 19, 2000 8:00 am Secretary of State **DOCUMENT # N25569** 1. Entity Name DEL-MAR CONDOMINIUM ASSOCIATION, INC. 05-19-2000 90002 010 ****61.25 Principal Place of Business Mailing Address SAILWINDS PROPERTY MGMT SAILWINDS PROPERTY MGMT 1377 CURTIS DR. E. 1377 CURTIS DR. E. CLEARWATER FL 33764 CLEARWATER FL 33764-3718 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. 1583 S. BELCHER RO-*B DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-3462962 Not Applicable Zip 33 \$8.75 Additional Country Zip Country 5. Certificate of Status Desired 764 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Address (PO Box Num STANEK, CAROL L AGENT SAILWINDS PROPERTY MGMT., INC. 1377 CURTIS DR. EAST Zip Code City **CLEARWATER FL 33764** 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. SIGNATURE (NOTE: R **\$5.00** May Be Make Check Payable to 9. Election Campaign Financing FILE NOW: Trust Fund Contribution. Department of State Added to Fees **FEE IS \$61.25** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. PD TITLE ☐ Delete TITLE NAME MCGAUPHEY, KELLY NAME STREET ADDRESS STREET ADDRESS 11388 HERITAGE WAY CITY-ST-ZIP CITY-ST-ZIP SEMINOLE FL 33778 ☐ Addition TITLE Delete TITLE SOTOLONGO, RENE NAME NAME STREET ADDRESS STREET ADDRESS 605 2ND STREET 785 CITY-ST-7IP CITY-ST-ZIP INDIAN ROCKS BEACH FL **™** Change ☐ Addition Delete TITLE STD TITLE MC GAUGHEY, CAROLE NAME NAME STREET ADDRESS 11388 HERITAGE WAY STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE SEMINOLE FL 33778 Change ☐ Addition TITLE ☐ Defete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ■ Addition TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR