

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 03, 2001 8:00 am
Secretary of State

003759

04-03-2001 90068 014 *****61.25

DOCUMENT # N25569

1. Entity Name

DEL-MAR CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

SAILWINDS PROPERTY MGMT
 1377 CURTIS DR. E.
 CLEARWATER FL 33764
 US

First Choice Assoc Mgmt
 3440 East Lake Rd
 Suite 106
 Palm Harbor, FL

SAILWINDS PROPERTY MGMT
 1583 S BELCHER ROAD # B
 CLEARWATER FL 33764
 US

Same

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3462962

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

STANEK, CAROL L AGENT
 SAILWINDS PROPERTY MGMT., INC.
 1583 S BELCHER OAD # B
 CLEARWATER FL 33764

First Choice Assoc Mgmt
 3440 East Lake Rd. Suite 106
 Palm Harbor, FL

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☐ Delete
 NAME **MCGAUGHEY, KELLY**
 STREET ADDRESS **11388 HERITAGE WAY**
 CITY-ST-ZIP **LARGO FL 33778**

TITLE ☐ Change ☐ Addition
 NAME **McGaughey, Kelly**
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** ☐ Delete
 NAME **SOTOLONGO, RENE**
 STREET ADDRESS **605 2ND STREET**
 CITY-ST-ZIP **INDIAN ROCKS BEACH FL 33785**

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

TITLE **SD** ☐ Delete
 NAME **MC GAUGHEY, CAROLE**
 STREET ADDRESS **11388 HERITAGE WAY**
 CITY-ST-ZIP **LARGO FL 33778**

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

TITLE ☐ Delete
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 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/9/01

Date

Daytime Phone #

CR2E037 (10/00)