

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2002 8:00 am
Secretary of State

0089004

DOCUMENT # N25569

1. Entity Name

DEL-MAR CONDOMINIUM ASSOCIATION, INC.

04-11-2002 90785 049 ****61.25

Principal Place of Business

**FIRST CHOICE ASSOC. MGMT
3440 E LAKE RD. STE 106
PALM HARBOR FL
US**

Mailing Address

**FIRST CHOICE ASSOC. MGMT
3440 E LAKE RD. STE 106
PALM HARBOR FL
US**

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
FIRST CHOICE ASSOC. MGMT
3440 E LAKE RD, STE 106
PALM HARBOR FL**

Name **FIRST CHOICE ASSOC MGMT**
Street Address (P.O. Box Number is Not Acceptable) **3440 EAST LAKE RD Suite #106**
City **Palm Harbor** FL Zip Code **34685**

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 true and correct.

(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 NAME STREET ADDRESS CITY - ST - ZIP	PD MCGAUGHEY, KELLY 11388 HERITAGE WAY LARGO FL 33778 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SOTOLONGO, RENE 605 2ND STREET INDIAN ROCKS BEACH FL 33785 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD MC GAUGHEY, CAROLE 11388 HERITAGE WAY LARGO FL 33778 <input checked="" 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

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P McBrearty, John 603 2ND STREET INDIAN ROCKS Beach, FL 33781 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

James M. Holm Agent

3/20/02 727-785-8881

Date

Daytime Phone #

CR2E037 (9/01)