
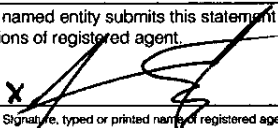
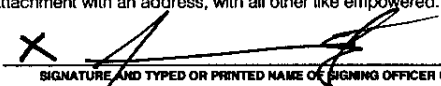


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90372 048 ****61.25

DOCUMENT # N25569 1. Entity Name DEL-MAR CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business FIRST CHOICE ASSOC. MCMT 3440 E LAKE RD, STE 106 PALM HARBOR, FL US			Mailing Address FIRST CHOICE ASSOC. MCMT 3440 E LAKE RD, STE 106 PALM HARBOR, FL US		
2. Principal Place of Business 603 2ND STREET Suite, Apt. #, etc.			3. Mailing Address 603 2ND STREET Suite, Apt. #, etc.		
City & State INDIAN ROCKS BEACH, FL			City & State INDIAN ROCKS BEACH, FL		
Zip 33785		Country US		4. FEI Number 59-3462962	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent FIRST CHOICE ASSOC MCMT FIRST CHOICE ASSOC. MCMT 3440 E LAKE RD, STE 106 PALM HARBOR, FL			7. Name and Address of New Registered Agent Name JOHN MCBREARTY Street Address (P.O. Box Number is Not Acceptable) 603 2ND STREET City INDIAN ROCKS BEACH FL Zip Code 33785		
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE  JOHN MCBREARTY DATE 4/12/04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MCBREARTY, JOHN 603 SECOND STREET INDIAN ROCKS BEACH, FL 33785		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TOD SOTOLONGO, RENE 605 2ND STREET INDIAN ROCKS BEACH, FL 33785		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MCMAHONEY, KELLY 41000 HERITAGE WAY LARGO, FL 33770		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"/> Delete		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"/> Delete		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"/> Delete		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:  JOHN MCBREARTY, PRESIDENT DATE 4/12/04 Daytime Phone # 727-639-2873					

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