

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 30, 2007 08:00 A
Secretary of State

DOCUMENT # N25569

1: Entity Name
DEL-MAR CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
**603 2ND ST.
INDIAN ROCKS BEACH, FL 33785 US**

Mailing Address
**603 2ND ST.
INDIAN ROCKS BEACH, FL 33785 US**



02272007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3462962	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**MCBREARTY, JOHN
603 2ND ST.
INDIAN ROCKS BEACH, FL 33785**

**DO NOT WRITE
IN THIS SPACE**

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 _____

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

(NOTE: Registered Agent signature required when registering)

DATE _____

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

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	D SOTOLONGO, DULCE 605 2ND STREET INDIAN ROCKS BEACH, FL 33785
--	---

TITLE NAME STREET ADDRESS CITY-ST-ZIP	TSD BORYS, PETER 601 2ND ST. INDIAN ROCKS BEACH, FL 33785
--	--

TITLE NAME STREET ADDRESS CITY-ST-ZIP	
--	--

TITLE NAME STREET ADDRESS CITY-ST-ZIP	
--	--

TITLE NAME STREET ADDRESS CITY-ST-ZIP	
--	--

U00000773060
08/30/07-80003-009 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

X 8/15/07

Date

Daytime Phone #