
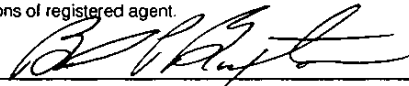
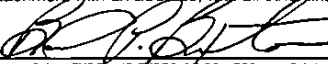


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2008 8:00 am
Secretary of State

04-14-2008 90038 037 ****61.25

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		
2. Principal Place of Business - No P.O. Box # 147 N. BELCHER Rd.			3. Mailing Address 147 N. Belcher Rd.		
Suite, Apt. #, etc. SUITE #2			Suite, Apt. #, etc. SUITE #2		
City & State LARGO, FL		City & State LARGO, FL		02122008 Chg-NP CR2E037 (12/06)	
Zip 33771	Country US	Zip 33771	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 MCBREARTY, JOHN 603 2ND ST. INDIAN ROCKS BEACH, FL 33785			7. Name and Address of New Registered Agent Name Buxton Properties, Inc. Street Address (P.O. Box Number is Not Acceptable) 147 N. BELCHER RD. SUITE #2 City LARGO FL Zip Code 33771		
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 		BRIAN P. BUXTON		4-08-08	
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
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	<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	D SOTOLONGO, DULCE 605 2ND STREET INDIAN ROCKS BEACH, FL 33785	<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	TSD BORYS, PETER 601 2ND ST. INDIAN ROCKS BEACH, FL 33785	<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	
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 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: 		BRIAN P. BUXTON		4-08-08 727/538-0034	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	

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