2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# N25569

T FILED

Aug 06, 2009

Secretary of State

Entity Name: DEL-MAR CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

147 N. BELCHER ROAD
1301 SEMINOLE BLVD,
SUITE #2
SUITE #110

LARGO, FL 33771 US LARGO, FL 33770 US

Current Mailing Address: New Mailing Address:

147 N. BELCHER ROAD 1301 SEMINOLE BLVD, SUITE #2 SUITE #110

LARGO, FL 33771 US LARGO, FL 33770 US

FEI Number: 59-3462962 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

BUXTON PROPERTIES, INC QUALIFIED PROPERTY MANAGEMENT, INC. 147 N BELCHER RD 1301 SEMINOLE BLVD,

147 N BELCHER RD 1301 SEMINOLE BLVD SUITE 2 SUITE 110 LARGO, FL 33771 US LARGO, FL 33770 US

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: MELISSA WADE 08/06/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Fitle: PD () Delete Title: PD (X) Change () Addition

Name: MCBREARTY, JOHN Name: MCBREARTY, JOHN Address: 147 N. BELCHER ROAD, STE 2 Address: 1301 SEMINOLE BLVD, SUITE110

City-St-Zip: LARGO, FL 33771 US City-St-Zip: LARGO, FL 33770 US

Title: D () Delete Title: D (X) Change () Addition Name: SOTOLONGO, DULCE Name: SOTOLONGO, DULCE

 Address:
 147 N. BELCHER RD., STE 2
 Address:
 1301 SEMINOLE BLVD, SUITE110

 City-St-Zip:
 LARGO, FL 33771 US
 City-St-Zip:
 LARGO, FL 33770 US

Title: TSD () Delete Title: TSD (X) Change () Addition Name: BORYS, PETER BORYS, PETER

Address: 147 N. BELCHER RD., STE 2 Address: 1301 SÉMINOLE BLVD, SUITE110

 City-St-Zip:
 LARGO, FL 33771 US
 City-St-Zip:
 LARGO, FL 33770 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MELISSA WADE ADMN 08/06/2009

Electronic Signature of Signing Officer or Director

Date