
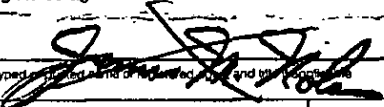
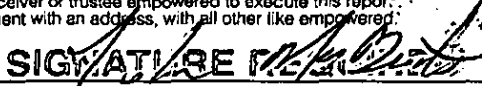


**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

4/7

FILED
Apr 23, 2003 8:00 am
Secretary of State

04-07-2003 91045 038 ****61.25

DOCUMENT # N25569					
1. Entity Name DEL-MAR CONDOMINIUM ASSOCIATION, INC.					
C/O FIRST CHOICE MGMT 4174 WOODLANDS PKWY		C/O FIRST CHOICE MGMT 4174 WOODLANDS PKWY			
PALM HARBOR FL US		PALM HARBOR FL US			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-3462962	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
FIRST CHOICE ASSOC MGMT C/O FIRST CHOICE MGMT 4174 WOODLANDS PKWY PALM HARBOR FL			Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 		(NOTE: Registered Agent signature required when reinstating)		DATE 3/26/03	
FILE NOW: FEE IS \$61.25		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	PD	<input checked="" type="checkbox"/> Delete	TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MCGAUGHEY, KELLY		NAME	JOHN MCBREATHY	33785
STREET ADDRESS	11388 HERITAGE WAY		STREET ADDRESS	603 SECOND ST	INDIAN ROCKS BEACH FL
CITY-ST-ZIP	LARGO FL 33778		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	TSD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SOTOLONGO, RENE		NAME	RENE SOTOLONGO	33785
STREET ADDRESS	605 2ND STREET		STREET ADDRESS	605 2ND ST	INDIAN ROCKS BEACH FL
CITY-ST-ZIP	INDIAN ROCKS BEACH FL 33785		CITY-ST-ZIP		
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MC GAUGHEY, CAROLE		NAME	MCGAUGHEY, KELLY	33778
STREET ADDRESS	11388 HERITAGE WAY		STREET ADDRESS	11388 HERITAGE WAY	LARGO FL
CITY-ST-ZIP	LARGO FL 33778		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption provided 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 of the corporation or the receiver or trustee empowered to execute this report, changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: 		SIGNATURE: JOHN MCBREATHY, Pres.		Date: 2/28/02	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	

CFR2037 N0702