2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 13, 2006
Secretary of State

DOCUMENT# N32699

Entity Name: DEL HARBOUR CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

% ROBERT A. SOCH
1040 DEL HAVEN DRIVE APT 2W
DELRAY BEACH, FL 33483

New Principal Place of Business:

Current Mailing Address:

% ROBERT A. SOCH
1040 DEL HAVEN DRIVE
DELRAY BEACH, FL 33483

New Mailing Address:

FEI Number: 65-0124731 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

CAPONE, STEPHANIE
1040 DEL HAVEN DRIVE, 2W
DELRAY BEACH, FL 33483 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PTD ( ) Delete
Name: CAPONE, STEPHANIE,
Address: 1040 DEL HAVEN DR., 2W
City-St-Zip: DELRAY BEACH, FL 33483

Title: VPSD ( ) Delete
Name: ARMETTA, PHILLIP,
Address: 1040 DEL HAVEN DR #1E
City-St-Zip: DELRAY BEACH, FL 33483

Title: D ( ) Delete
Name: SOCH, ROBERT A.,
Address: 1040 DEL HAVEN DRIVE, #1W
City-St-Zip: DELRAY BEACH, FL 33483

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: VPSD (X) Change ( ) Addition
Name: MARIO CAPANO,
Address: 1040 DEL HAVEN DR #1E
City-St-Zip: DELRAY BEACH, FL 33483

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: STEPHANIE CAPONE PRES 07/13/2006

Electronic Signature of Signing Officer or Director — Date