

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N32699

FILED  
Jan 05, 2012  
Secretary of State

**Entity Name:** DEL HARBOUR CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

% ROBERT A. SOCH  
1040 DEL HAVEN DRIVE, APT 1W  
DELRAY BEACH, FL 33483

**New Principal Place of Business:**

**Current Mailing Address:**

% ROBERT A. SOCH  
1040 DEL HAVEN DRIVE, APT 1W  
DELRAY BEACH, FL 33483

**New Mailing Address:**

% ROBERT A. SOCH  
1040 DEL HAVEN DRIVE, APT 1W  
DELRAY BEACH, FL 33483

**FEI Number:** 65-0124731

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**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: TD  
Name: CAPONE, STEPHANIE  
Address: 1040 DEL HAVEN DR., 2W  
City-St-Zip: DELRAY BEACH, FL 33483

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

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

Title: SEC  
Name: MARIANNE HARRINGTON  
Address: 1040 DELHAVEN DR 2E  
City-St-Zip: DELRAY BEACH, FL 33483

I hereby 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 all other like empowered.

**SIGNATURE:** STEPHANIE CAPONE

TD

01/05/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date