

FILED
Aug 28, 2006 8:00 am
Secretary of State

08-28-2006 90001 029 ****61.25

2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # 743070			
1. Entity Name THE DORIA CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business 2175 NE 56 ST APT. 114 FT LAUDERDALE, FL 33308		Mailing Address PO BOX 24756 FORT LAUDERDALE, FL 33307-4756	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
5. Name and Address of Current Registered Agent BLAIR, BECKER R 1515 NE 36 ST. FORT LAUDERDALE, FL 33334		7. Name and Address of New Registered Agent Name: Steve Epstein Street Address (P.O. Box Number is Not Acceptable): 2175 NE 56 ST. City: Ft Lauderdale FL Zip Code: 33308	
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: <i>Steve Epstein (Pres)</i> DATE: 8-1-06 NOTE: Registered Agent Signature required when (2)ASST-62			
Filing Fee is \$61.25 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution ☐ \$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: DVP NAME: BECKER, CHRISTINE A STREET ADDRESS: 2175 NE 56 ST #114 CITY-ST-ZIP: FT. LAUDERDALE, FL 33308	☒ Delete	TITLE: <i>Trustee</i> NAME: <i>Christine Becker</i> STREET ADDRESS: <i>2175 NE 56 ST</i> CITY-ST-ZIP: <i>FT. Lauderdale</i>	☒ Change ☐ Addition
TITLE: DS NAME: HURST, PAUL STREET ADDRESS: 2175 NE 56TH ST #104 CITY-ST-ZIP: FT LAUDERDALE, FL 33308	☐ Delete	TITLE: <i>Pres.</i> NAME: <i>S. Epstein</i> STREET ADDRESS: <i>2175 NE 56 ST</i> CITY-ST-ZIP: <i>FT. Lauderdale</i>	☐ Change ☒ Addition
TITLE: DY NAME: BECKER, BLAIR STREET ADDRESS: 1515 NE 36 ST CITY-ST-ZIP: FORT LAUDERDALE, FL 33334	☒ Delete	TITLE: <i>Off. Large</i> NAME: <i>C. Giomelli</i> STREET ADDRESS: <i>2175 NE 56 ST</i> CITY-ST-ZIP: <i>FT. Lauderdale FL</i>	☐ Change ☒ Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: 	☐ Delete	TITLE: <i>Off. Large</i> NAME: <i>S. Campi</i> STREET ADDRESS: <i>2175 NE 56 ST</i> CITY-ST-ZIP: <i>FT. Lauderdale FL</i>	☐ Change ☒ Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: 	☐ Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: 	☐ Change ☐ 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 517, 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: <i>M. Kaul</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		8/1/06 944 713306 Date Office Phone	