2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 743070

FILED Jan 1<u>2, 200</u>9 Secretary of State

Entity Name: THE DORIA CONDOMINIUM ASSOCIATION, INC.

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

2175 NE 56 ST 2175 NE 56 ST APT. 114 APT. 204

FT LAUDERDALE, FL 33308 FT LAUDERDALE, FL 33308

Current Mailing Address: New Mailing Address:

2175 NE 56 ST PO BOX 24756

FORT LAUDERDALE, FL 333074756 APT. 204

FT LAUDERDALE, FL 33308

FEI Number: 59-7903362 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:

ROBERT KAYE & ASSOCIATES, P.A. 6261 NW 6TH WAY, STE 103 FORT LAUDERDALE, FL 33309 US

OFFICERS AND DIRECTORS:

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:

Date

Electronic Signature of Registered Agent

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change () Addition () Delete

TRACI, L. TROCI, ENKELEJDA Name: Name: 2175 NE 56TH CT., #204 Address: 2175 NE 56TH ST., #204 Address: City-St-Zip: FT. LAUDERDALE, FL 33308 City-St-Zip: FT. LAUDERDALE, FL 33308

Title: DS Title: DS () Delete (X) Change () Addition

HURST, PAUL Name: HURST, PAUL Name:

Address: 2175 NE 56TH CT..#115 Address: 2175 NE 56TH ST..#204 City-St-Zip: FT LAUDERDALE, FL 33308 City-St-Zip: FT LAUDERDALE, FL 33308

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

GIOVINELLI, C. GIOVINELLI, C. Name: Name: 2175 NE 56TH CT, #115 Address: Address: 2175 NE 56TH ST, #115 City-St-Zip: FORT LAUDERDALE, FL 33308 City-St-Zip: FORT LAUDERDALE, FL 33308

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

Name: CHRUPI, S Name: CHRUPI, S

2175 NE 56TH CT, #211 2175 NE 56TH ST, #211 Address: Address: City-St-Zip: FORT LAUDERDALE, FL 33308 City-St-Zip: FORT LAUDERDALE, FL 33308

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: ENKELEJDA TROCI Т 01/12/2009