2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2008
Secretary of State

DOCUMENT# N06000002512

Entity Name: DORY VILLAS ON LAKE MIONA CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

2180 WEST SR 434, SUITE 5000
LONGWOOD, FL 327795044

New Principal Place of Business:

Current Mailing Address:

2180 WEST SR 434, SUITE 5000
LONGWOOD, FL 327795044

New Mailing Address:

FEI Number: 14-1968844 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HART, JAMES W JR
SENTRY MANAGEMENT INC
2180 WEST SR 434 SUITE 5000
LONGWOOD, FL 32779 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: DP ( ) Delete
Name: TACKETT, JAMES E
Address: 2666 AIRPORT RD S
City-St-Zip: NAPLES, FL 34112

Title: DS ( ) Delete
Name: HIGGS, ANTONIA
Address: 2666 AIRPORT RD S
City-St-Zip: NAPLES, FL 34112

Title: DVP ( ) Delete
Name: AGNELLI, JOHN J
Address: 2666 AIRPORT RD S
City-St-Zip: NAPLES, FL 34112

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: D'AIUTO, TOM
Address: 5329 EDGEWATER WAY
City-St-Zip: OXFORD, FL 34484

Title: VPD (X) Change ( ) Addition
Name: ATHERTON, LARRY
Address: 5336 EDGEWATER WAY
City-St-Zip: OXFORD, FL 34484

Title: SD (X) Change ( ) Addition
Name: TENNEY, MICHAEL
Address: 5334 EDGEWATER WAY
City-St-Zip: OXFORD, FL 34484

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: TOM D'AIUTO PD 03/10/2008

Electronic Signature of Signing Officer or Director — Date