

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 01, 2007 8:00 am
Secretary of State

05-01-2007 90017 049 ***150.00

DOCUMENT # 564504

1. Entity Name

DVA PROPERTIES, INC.



Principal Place of Business

8735 S OCEAN DRIVE
JENSEN BCH FL 34957

Mailing Address

8735 S OCEAN DRIVE
JENSEN BCH FL 34957



2. Principal Place of Business - No P.O. Box #

8900 S. OCEAN DR.

Suite, Apt. #, etc.

SENSEN BCH, FL

City & State

3. Mailing Address

8900 S. OCEAN DR.

Suite, Apt. #, etc.

SENSEN BCH, FL

City & State

1st MOORE

CR2E034 (10/06)

4. FEI Number 59-1791768

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

Zip 34957

Country US

Zip 34957

Country US

6. Name and Address of Current Registered Agent

VON ALDENBRUCK, DENNIS
8735 S OCEAN DRIVE
JENSEN BEACH FL 34957

7. Name and Address of New Registered Agent

Name

DENNIS VON ALDENBRUCK

Street Address (P.O. Box Number is Not Acceptable)

8900 S. OCEAN DR

City

SENSEN BCH

FL

Zip Code 34957

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

[Signature]

DENNIS VON ALDENBRUCK

4/18/07

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2007, Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PTDV
NAME VON ALDENBRUCK, DENNIS
STREET ADDRESS 8735 S OCEAN DRIVE
CITY-ST-ZIP JENSEN BCH., FL 00000 ☐ Delete

TITLE S
NAME MORGAN, KANDICE D.
STREET ADDRESS 8735 S OCEAN DRIVE
CITY-ST-ZIP JENSEN BCH. FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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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 Section 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 607, 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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DENNIS VON ALDENBRUCK, 4/18/07 772 285-1978
Date Daytime Phone