2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

Feb 15, 2006 8:00 am **Secretary of State DOCUMENT # 747289** 1. Entity Name 02-15-2006 90052 016 ****61.25 THE DOMINICA APARTMENTS CONDOMINIUM ASSOCIATION.INC. Principal Place of Business Mailing Address 20000182 201 COCOA ISLES BLVD 200 NORTH FIRST STREET COCOA BEACH FL 32931 COCOA BEACH FL 32931 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/05) Applied For City & State City & State 4. FEI Number 59-2413153 Not Applicable Zip . - -Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent MORRIS, LAURAJO 200 NORTH FIRST ST COCOA BEACH FL 32831 Street Address (P.O. Box Number is Not Acceptable) City Zip Code 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) Make Check Payable to FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Florida Department of State Due By May 1, 2006 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. Delete Addition Director Change TITLE TITLE Rodney Osterhuber 581 S. Orlando Are. JONES, CHRISTINE NAME NAME STREET ADDRESS 201 COCOA ISLES BLVD, #1 STREET ADDRESS COCOA BEACH FL 32931 Cocoa Beach, Floreda CITY-ST-ZIP CITY-ST-ZIP 32931 PD ☐ Delete TITLE Change ☐ Addition TITLE LERSSEN, FRED NAME NAME 201 COCOA ISLES BLVD. #5 STREET ADDRESS STREET ADDRESS COCOA BEACH FL 32931 CITY-ST-ZIP CITY-ST-ZIP Change Delete -IIILE ☐ Addition TITLE Jorelyn Lowther spelling only NAME LOWTHER, JOYCELYN NAME STREET ADDRESS 419 DEMPSEY AVENUE STREET ADDRESS CITY-ST-ZIP COCOA BEACH FL 32931 CITY-ST-ZIP ☐ Defete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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 617, 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.

NAME

TITLE

NAME STREET ADDRESS

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TITLE

NAME STREET ADDRESS

TITLE

NAME

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

Joselyn Lowther 2/2/06

371-784-8580

☐ Change

☐ Change

☐ Addition

☐ Addition

FILED