2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 19, 2007
Secretary of State

DOCUMENT# 756492

Entity Name: D'IOR CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

1412 SE 40TH ST
#5
CAPE CORAL, FL 33904

New Principal Place of Business:

1412 SE 40TH ST
#2
CAPE CORAL, FL 33904

Current Mailing Address:

1412 SE 40TH ST
#5
CAPE CORAL, FL 33904

New Mailing Address:

1412 SE 40TH ST
#2
CAPE CORAL, FL 33904

FEI Number: 59-2380791 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HOBEN, GERALD
1412 S.E. 40 ST.,
#5
CAPE CORAL, FL 33904 US

Name and Address of New Registered Agent:

REPAN, SOPHIA
1412 S.E. 40 ST.,
#2
CAPE CORAL, FL 33904 US

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: SOPHIA REPAN 01/19/2007
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: STD ( ) Delete
Name: SOPHIA, REPAN,
Address: 1412 SE 40 ST #2
City-St-Zip: CAPE CORAL, FL

Title: PD ( ) Delete
Name: GRIFFITH, JAY
Address: 1412 S.E. 40 ST. #4
City-St-Zip: CAPE CORAL, FL

Title: VD ( ) Delete
Name: HOBEN, GERALD
Address: 1412 SE 40ST #45
City-St-Zip: CAPE CORAL, FL 33904

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: VD (X) Change ( ) Addition
Name: BLY, JAMES
Address: 1412 SE 40ST #1
City-St-Zip: CAPE CORAL, FL 33904

I hereby certify that the information supplied with this filing does not qualify for the 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: SOPHIA REPAN STD 01/19/2007
Electronic Signature of Signing Officer or Director — Date