2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 756492

FILED Jan 24, 2008 Secretary of State

Entity Nar	me: D'IOR CO	NDOMINIUM ASSOCIATION	, INC.				
Current Pi	rincipal Place	of Business:	New Prin	New Principal Place of Business:			
1412 SE 40 #2	OTH ST						
CAPE COF	RAL, FL 33904						
Current M	ailing Addres	s:	New Mail	New Mailing Address:			
1412 SE 40 #2 CAPE COE	OTH ST RAL, FL 33904						
FEI Number:	,	FEI Number Applied For ()	FEI Number Not App	olicable () C	Certificate of Status De	esired()	
Name and Address of Current Registered Agent:			Name and	Name and Address of New Registered Agent:			
The above	RAL, FL 33904 named entity s of Florida. RE:	US submits this statement for the ic Signature of Registered Ag	. ,	its registered offic	ce or registered ago	ent, or both,	
OFFICERS	S AND DIRECT	rors:	ADDITIO	NS/CHANGES TO	O OFFICERS AND	DIRECTORS:	
Title: Name: Address: City-St-Zip:	STD () SOPHIA, REPAN 1412 SE 40 ST CAPE CORAL, F	#2	Title: Name: Address: City-St-Zip:	() Ch	hange () Addition		
Title: Name: Address: City-St-Zip:	PD () GRIFFITH, JAY 1412 S.E. 40 ST CAPE CORAL, F		Title: Name: Address: City-St-Zip:	PD (X) CI GRIFFITH, JAY 1412 S.E. 40 ST. ‡ CAPE CORAL, FL			
Title: Name: Address: City-St-Zip:	VD () BLY, JAMES 1412 SE 40ST # CAPE CORAL, F		Title: Name: Address: City-St-Zip:	() CI	hange () Addition		

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: SOPHIA REPAN STD 01/24/2008