

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000003565

FILED  
Jan 07, 2004  
Secretary of State

Entity Name: D & M CONDOMINIUM OWNER'S ASSOCIATION, INC.

**Current Principal Place of Business:**

80 SOUTHPORT COVE  
BAREFOOT BEACH, FL 34134

**New Principal Place of Business:**

**Current Mailing Address:**

80 SOUTHPORT COVE  
BAREFOOT BEACH, FL 34134

**New Mailing Address:**

FEI Number: 65-1107402

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

DUVAL, SCOTT W  
3838 TAMiami TRAIL NORTH  
STE. 402  
NAPLES, FL 34103 US

**Name and Address of New Registered Agent:**

CHURILLA, DONALD M  
80 SOUTHPORT COVE  
BAREFOOT BEACH, FL 34134 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: DONALD M. CHURILLA

01/07/2004

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: CHURILLA, DONALD  
Address: 80 SOUTHPORT COVE  
City-St-Zip: BAREFOOT BEACH, FL 34134

Title: D ( ) Delete  
Name: ZACCHEO, MICHAEL  
Address: 80 SOUTHPORT COVE  
City-St-Zip: BAREFOOT BEACH, FL 34134

Title: D ( ) Delete  
Name: CONROY III, J THOMAS  
Address: 3838 TAMiami TRAIL N STE 402  
City-St-Zip: NAPLES, FL 34103

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: DONALD M. CHURILLA

D

01/07/2004

Electronic Signature of Signing Officer or Director

Date