


**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 25, 2007 08:00 A**  
**Secretary of State**

|  |   |
|--|---|
| <b>DOCUMENT # N01000003565</b>   |  |
| 1. Entity Name<br><b>D &amp; M CONDOMINIUM OWNER'S ASSOCIATION, INC.</b> |   |

|  |  |
|--|--|
| Principal Place of Business<br><b>10981 HARMONY PARK #3<br/>BONITA SPRINGS, FL 34135</b> | Mailing Address<br><b>10981 HARMONY PARK #3<br/>BONITA SPRINGS, FL 34135</b> |
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04232007 No Chg-NP CR2E037 (4/06)

|   |  |
|---|--|
| 4. FEI Number<br><b>65-1107402</b>  | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> |  |

|   |
|---|
| 6. Name and Address of Current Registered Agent<br><br><b>WILSON, KURT<br/>10981 HARMONY PARK #3<br/>BONITA SPRINGS, FL 34135</b> |
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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 \_\_\_\_\_ (NOTE: Registered Agent; signature required when reinstating) DATE \_\_\_\_\_

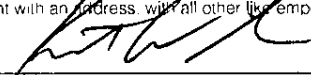
|   |  |
|---|--|
| <b>Filing Fee is \$61.25<br/>Due by May 1, 2007</b> | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be<br/>Added to Fees</b> |
|---|--|

| 10. OFFICERS AND DIRECTORS                     |  |
|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>WILSON A. KURT<br>793 EAST VALLEY DR<br>BONITA SPRINGS, FL 34135    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>BUCZKS, ROBERT J<br>10981 HARMONY PK DR<br>BONITA SPRINGS, FL 34135 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>HERRMOUR, MARK L<br>10981 HARMONY PK DR<br>BONITA SPRINGS, FL 34135 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |

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05/08/07-80088-016 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.

**SIGNATURE:**  **4/27/07**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #