

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000000575

FILED
Apr 23, 2008
Secretary of State

Entity Name: DP CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

423 SOUTH ATLANTIC AVE
NEW SMYRNA BEACH, FL 32169

New Principal Place of Business:

Current Mailing Address:

C/O RUBY MANAGEMENT, INC.
425 S. ATLANTIC AVENUE
NEW SMYRNA BEACH, FL 32169

New Mailing Address:

FEI Number: 20-5226845

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RUBY, DONNA
425 S. ATLANTIC AVENUE
NEW SMYRNA BEACH, FL 32169 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D (X) Delete
Name: BOGGS, CHARLES B JR
Address: 11 MAPLE TREE LANE
City-St-Zip: CROSS LANES,, WV 25313

Title: D () Delete
Name: ARNEAULT, EDSON R
Address: ONE RIVERSIDE DR.
City-St-Zip: NEW CUMBERLAND, WV 26047

Title: D, P (X) Delete
Name: GAY, MICHAEL B
Address: 2701 PHILLIPS PARK COURT
City-St-Zip: WINTER PARK, FL 32789

Title: D,ST () Delete
Name: GAY, TAMRA R
Address: 2701 PHILLIPS PARK COURT
City-St-Zip: WINTER PARK, FL 32789

Title: D,VP () Delete
Name: KOHL-TRZCINSKI, ANN
Address: 611 SOUTH 13 STREET
City-St-Zip: NEW HYDE PARK, NY 11040

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:

Title: D,P (X) Change () Addition
Name: GAY, TAMRA R
Address: 2701 PHILLIPS PARK COURT
City-St-Zip: WINTER PARK, FL 32789

Title: DST (X) Change () Addition
Name: KOHL-TRZCINSKI, ANN
Address: 611 SOUTH 13 STREET
City-St-Zip: NEW HYDE PARK, NY 11040

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: ANN KOHL-TRZCINSKI

S/T

04/23/2008

Electronic Signature of Signing Officer or Director

Date