


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

**FILED**  
**Apr 09, 2007 08:00 A**  
**Secretary of State**

<b>DOCUMENT # N03000002066</b> 1. Entity Name 3100 OPPORTUNITY COURT CONDOMINIUM ASSOCIATION, INC.	
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Principal Place of Business 3100 OPPORTUNITY CT S DAYTONA, FL 32119	Mailing Address 200 E GRANADA BLVD STE 200 ORMOND BCH, FL 32176
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03062007 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 20-0177704	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

6. Name and Address of Current Registered Agent  SELBY, DWIGHT SELBY REALTY, INC. 200 E. GRANADA BLVD #200 ORMOND BEACH, FL 32176
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**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

<b>Filing Fee is \$61.25 Due by May 1, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	U000000634819 04/17/07-80032-020 61.25
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP SELBY, DWIGHT 200 E GRANADA BLVD STE 200 ORMOND BCH, FL 32176
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MILLER, SANFORD 125 BASIN ST STE 210 DAYTONA BCH, FL 32114
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT DARGAN, THOMAS 444 SEABREEZE BLVD STE 100 DAYTONA BCH, FL 32118
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS STRASSER, CHARLES 1042 N US HWY 1 ORMOND BCH, FL 32174
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV SACKS, DAVID 240 SEAGRAVE ST DAYTONA BCH, FL 32114
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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:**  Dwight C. Selby 4-3-07 386-238-4456  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #