

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000003575

FILED  
Apr 27, 2007  
Secretary of State

Entity Name: DCP CONDOMINIUM ASSOCIATION, INC.

## Current Principal Place of Business:

5900 NW 97TH AVE.  
SUITE 6  
DORAL, FL 33178

## New Principal Place of Business:

5900 NW 97TH AVENUE  
SUITE 6  
DORAL, FL 33178

## Current Mailing Address:

5900 NW 97TH AVE.  
SUITE 6  
DORAL, FL 33178

## New Mailing Address:

435 SW 123 AVENUE  
MIAMI, FL 33184

FEI Number: 36-4562556

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

AVERSA, JOE  
5900 NW 97TH AVE.  
SUITE 6  
DORAL, FL 33178 US

## Name and Address of New Registered Agent:

AVERSA, JOE  
5900 NW 97TH AVENUE  
SUITE 6  
DORAL, FL 33178 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:

04/27/2007

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: AVERSA, JOE  
Address: 5900 NW 97TH AVE. #6  
City-St-Zip: DORAL, FL 33178

Title: VD ( ) Delete  
Name: ALEMAN, HUMBERTO  
Address: 5900 NW 97TH AVE., UNITS 3 AND 4  
City-St-Zip: DORAL, FL 33178

Title: STD ( ) Delete  
Name: DUSSAQ, MAURICE  
Address: 5900 NW 97TH AVE., UNITS 20 AND 21  
City-St-Zip: DORAL, FL 33178

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: AVERSA, JOE  
Address: 5900 NW 97TH AVENUE, UNIT 6  
City-St-Zip: DORAL, FL 33178

Title: VD (X) Change ( ) Addition  
Name: ALEMAN, HUMBERTO  
Address: 5900 NW 97TH AVENUE, UNIT 3  
City-St-Zip: DORAL, FL 33178

Title: STD (X) Change ( ) Addition  
Name: DUSSAQ, MAURICE  
Address: 5900 NW 97TH AVENUE, UNIT 19  
City-St-Zip: DORAL, FL 33178

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: JOE AVERSA

PD

04/27/2007

Electronic Signature of Signing Officer or Director

Date