## 2008 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

## DOCUMENT # N03000009884

1. Entity Name

DI A7A DRODERTY OWNERS



## **FILED** Feb 21, 2008 8:00 am **Secretary of State**

02-21-2008 90015 007 \*\*\*150.00

	ATION, INC.	WINLING				
Principal Place 600 SEA OA VERO BEACH	K DRIVE	Mailing Address 600 SEA OAK DRIVE VERO BEACH, FL 32963				
			·			
2. Principal P	Place of Business - No P.O. Box #	3. Mailing Address	-			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01182008 Ch	ng-NP CR2EC	037 (12/06)
City & State		City & State		4. FEI Number 20-074034		Applied For Not Applicable
Zip	Country	Zip	Country	5. Certificate of Sta		\$8.75 Additional Fee Required
· <del></del> -	6. Name and Address of Current	Registered Agent		7. Name and Add	ress of New Registered	<u></u>
			Name			
RABAL, RONALD M 600 SEA OAK DRIVE VERO BEACH, FL 32963			Street Addres	ess (P.O. Box Number is N	Not Acceptable)	
VERO BE	1011,12 02000					
	•		City		Fl	Zip Code
	named entity submits this statement fo	or the purpose of changing its re	gistered office or regi	istered agent, or both, in	the State of Florida. I am	n familiar with, and accept
the congu	ions of registered agent.					
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: F	Registered Agent signature req	quired when reinstating)	DATE	
SIGNATURE	Signature, typed or printed name of registered agent Filling Fee Is.\$61.25 Due by May 1, 2008	9. Election Camp	aign Financing	s5.00 May Be Added to Fees	Make chec	ck payable to
SIGNATURE	Filing Fee Is \$61.25	9. Election Camp Trust Fund Co.	aign Financing	\$5.00 May Be Added to Fees	Make chec	ertment of State
10.	Filing Fee Is \$61.25 Due by May 1, 2008  OFFICERS AND DIE	9. Election Camp Trust Fund Co.	aign Financing ntribution.	\$5.00 May Be Added to Fees	Make chec	ertment of State
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone # Date