2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2009
Secretary of State

DOCUMENT# N06000001127

Entity Name: THE DILLARD PLACE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

884 S DILLARD ST
WINTER GARDEN, FL 34787

New Principal Place of Business:

Current Mailing Address:

884 S DILLARD ST
WINTER GARDEN, FL 34787

New Mailing Address:

FEI Number: 20-4569950 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WILLIAM N. ASMA P.A.
884 S DILLARD ST
WINTER GARDEN, FL 34787 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: PD ( ) Delete
Name: ASMA, WILLIAM N
Address: 884 S DILLARD ST
City-St-Zip: WINTER GARDEN, FL 34787

Title: VPD ( ) Delete
Name: SPIGENER, GEORGE
Address: 884 S DILLARD ST
City-St-Zip: WINTER GARDEN, FL 34787

Title: SD ( ) Delete
Name: MERCADO, MICHAEL
Address: 1002 S DILLARD ST
City-St-Zip: WINTER GARDEN, FL 34787

Title: TD ( ) Delete
Name: CHOKSHI, DIGESH
Address: 5402 BLUE TICK DR
City-St-Zip: ORLANDO, FL 32810

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: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: WILLIAM N. ASMA P 04/28/2009

Electronic Signature of Signing Officer or Director — Date