

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000002512

FILED  
Mar 08, 2009  
Secretary of State

**Entity Name:** DORY VILLAS ON LAKE MIONA CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

16105 N. FLORIDA  
SUITE A  
LUTZ, FL 33549

**New Principal Place of Business:**

**Current Mailing Address:**

16105 N. FLORIDA  
SUITE A  
LUTZ, FL 33549

**New Mailing Address:**

**FEI Number:** 14-1968844

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MEZER, STEVEN  
1801 N. HIGHLAND  
TAMPA, FL 33602 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: D'AIUTO, TOM  
Address: 5329 EDGEWATER WAY  
City-St-Zip: OXFORD, FL 34484

Title: VPD ( ) Delete  
Name: ATHERTON, LARRY  
Address: 5336 EDGEWATER WAY  
City-St-Zip: OXFORD, FL 34484

Title: SD ( ) Delete  
Name: TENNEY, MICHAEL  
Address: 5334 EDGEWATER WAY  
City-St-Zip: OXFORD, FL 34484

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: D'AIUTO, TOM  
Address: 16105 N. FLORIDA #A  
City-St-Zip: LUTZ, FL 33549

Title: VPD (X) Change ( ) Addition  
Name: ATHERTON, LARRY  
Address: 16105 N. FLORIDA, SUITE A  
City-St-Zip: LUTZ, FL 33549

Title: STD (X) Change ( ) Addition  
Name: TENNEY, MICHAEL  
Address: 16105 N. FLORIDA #A  
City-St-Zip: LUTZ, FL 33549

Title: D ( ) Change (X) Addition  
Name: DE MERS, MICHAEL  
Address: 16105 N. FLORIDA #A  
City-St-Zip: LUTZ, FL 33549

Title: D ( ) Change (X) Addition  
Name: MARTIN, CHERYLENE  
Address: 16105 N. FLORIDA #A  
City-St-Zip: LUTZ, FL 33549

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: THOMAS D'AIUTO

PRES

03/08/2009

Electronic Signature of Signing Officer or Director

Date