

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 08, 2005 08:00 AM
Secretary of State

DOCUMENT # N35743

1. Entity Name
LORD DERICK CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
715 SE 47TH ST.
102
CAPE CORAL, FL 33904 US

Mailing Address
C/O RICHARD D. DUMONT
14 SALVAS CT
CUMBERLAND, RI 02864 US

DO NOT WRITE IN THIS SPACE



07032005 No Chg-NP CR2E037 (10/03)

4. FEI Number 65-0332184	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

LABBE, NANCY
1002 3RD ST E
LEHIGH ACRES, FL 33904

**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

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

(NOTE: Registered Agent signature required when reconstituting)

DATE

Filing Fee is \$61.25
Due by September 7, 2005

9. Election Campaign Financing
Trust Fund Contribution ☐ **\$5.00 May Be**
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LEROUX, LEO 136 SEFTON AVE WARWICK, RI
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MALONE, FRANCES 715 SE 47TH ST CAPE CORAL, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LENO, PAULETTE 136 SEXTON AVE CAPE CORAL, FL 33904
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD DUMONT, RICHARD 715 SE 47TH ST., #102 CAPE CORAL, FL 33904
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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07/08/05-80004-020 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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

Date

Daytime Phone #

7-3-05 401 333-2575