

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED

Apr 16, 2004 08:00 AM
Secretary of State

DOCUMENT # N45787

1. Entity Name
DSC CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
**1076 SHOCKNEY DR
ORMOND BCH, FL 32174 US**

Mailing Address
**1076 SHOCKNEY
ORMOND BCH, FL 32174 US**

DO NOT WRITE IN THIS SPACE



01222004 No Chg-NP CR2E037 (10/03)

4. FEI Number
59-2576935

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**GRABE, GARY S
1076 SHOCKNEY DR
ORMOND BEACH, FL 32174**

**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 reinstating)

DATE _____

**Filing Fee is \$61.25
Due by May 1, 2004**

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	D ROBERTS, KIRT 935-A RIDGEWOOD AVE HOLLY HILL, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD GRABE, GARY S 1076 SHOCKNEY DR ORMOND BCH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD LOSSON, LAUREN 1076 SHOCKNEY DR ORMOND BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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04/16/04-80033-014 61.25

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IN THIS SPACE**

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

GARY S. GRABE

4/13/04

386/678-5888