


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2005 08:00 AM
Secretary of State

DOCUMENT # N45787 1. Entity Name DSC CONDOMINIUM ASSOCIATION, INC.	
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Principal Place of Business 1076 SHOCKNEY DR ORMOND BCH, FL 32174 US	Mailing Address 1076 SHOCKNEY ORMOND BCH, FL 32174 US
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DO NOT WRITE IN THIS SPACE



02032005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-2576935	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

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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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
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04/19/05-80039-024 61.25

**DO NOT WRITE
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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 of supplemental reports 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 GARY S. GRABE 4/14/05 386/628-5808

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Designate Phone #