


**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 08, 2007 8:00 am**  
**Secretary of State**

05-08-2007 90019 038 \*\*\*\*61.25

<b>DOCUMENT # N45787</b> 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**

01312007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-2576935	Applied For Not Applicable
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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  GARY S. GRABE 4/24/07  
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, 2007**

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 955 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	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 4/24/07 3866120940  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #