# I hereby 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 all other like empowered.

#### SIGNATURE: ANGUS ROGERS

Electronic Signature of Signing Officer/Director Detail

PRESIDENT

03/31/2023

# 2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

# DOCUMENT# N0500006952

Entity Name: DCP IDRIVE CONDOMINIUM ASSOCIATION, INC.

#### **Current Principal Place of Business:**

12550 FLORIDAYS RESORT DR. C/O CORPORATE CONTROLLER ORLANDO, FL 32821

## **Current Mailing Address:**

12550 FLORIDAYS RESORT DR. C/O CORPORATE CONTROLLER ORLANDO, FL 32821

## FEI Number: 55-0911734

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

PARAMOUNT HOSPITALITY MANAGEMENT, LLC 12550 FLORIDAYS RESORT DR. ORLANDO, FL 32821 US

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.

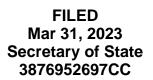
#### SIGNATURE: ROBERT HAYWOOD

Electronic Signature of Registered Agent

#### Officer/Director Detail :

TitleP, DNameROGERS, ANGUS CAddress12550 FLORIDAYS RESORT DR

City-State-Zip: ORLANDO FL 32821



Certificate of Status Desired: No

03/31/2023

Date

Date