

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 759692

FILED  
Feb 19, 2010  
Secretary of State

**Entity Name:** DANIAN SOUTH MANAGEMENT FOUR, INC.

**Current Principal Place of Business:**

505 E. DANIA BEACH BLVD.  
BLDG, #4  
DANIA BEACH, FL 33004 US

**New Principal Place of Business:**

**Current Mailing Address:**

505 E. DANIA BEACH BLVD.  
APT. # 4L  
DANIA BEACH, FL 33004 US

**New Mailing Address:**

505 E. DANIA BEACH BLVD.  
BLDG, #4  
DANIA BEACH, FL 33004 US

**FEI Number:** 59-2136084

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

STRALEY & OTTO, P.A.  
2699 STIRLING ROAD  
SUITE C-207  
HOLLYWOOD, FL 33312 US

**Name and Address of New Registered Agent:**

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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

**Title:** PTD  
**Name:** SHINE, ROBERT F MR.  
**Address:** 505 E. DANIA BCH BLVD. # 4L  
**City-St-Zip:** DANIA BEACH, FL 330043013 US

**Title:** VD  
**Name:** ACHILLEAS, JOHN MR.  
**Address:** 505 E. DANIA BEACH BLVD. # 1A  
**City-St-Zip:** DANIA BEACH, FL 33004 US

**Title:** SD  
**Name:** MYKEN, BRADY MS.  
**Address:** 505 E. DANIA BEACH BLVD. # 4E  
**City-St-Zip:** DANIA BEACH, FL 33004 US

**Title:** D  
**Name:** CREAMER, BRENT P MR.  
**Address:** 505 E. DANIA BEACH BLVD. # 4J  
**City-St-Zip:** DANIA BEACH, FL 33004 US

**Title:** D  
**Name:** LAFRENIERE, NORMAN MR.  
**Address:** 505 E. DANIA BEACH BLVD. # 4B  
**City-St-Zip:** DANIA BEACH, FL 33004 US

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:** ROBERT F. SHINE

PRES

02/19/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date