

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

FILED
Jul 20, 2004 08:00 AM
Secretary of State

DOCUMENT # N00000002294

1. Entity Name
DARWIN PLAZA ASSOCIATION, INC.



Principal Place of Business
194 NASSAU STREET
PRINCETON, NJ 08542

Mailing Address
194 NASSAU STREET
PRINCETON, NJ 08542



07072004 No Chg-NP CR2E037 (10/03)

4. FEI Number
51-0440353

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

SMOAK, WOODROW J
3299 SW 42ND AVE
PALM CITY, FL 34990

**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 September 8, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

000000167397
07/20/04-80002-019 61 25

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DPT
SANDS, JEFFREY H
194 NASSAU STREET
PRINCETON, NJ 08542

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DV
JEFFER, HERMAN M
1600 ROUTE 206 NORTH
HAWTHORNE, NJ 07506

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DS
MAIETTA, GAREY N
194 NASSAU STREET
PRINCETON, NJ 08542

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 exemption stated in Section 119.07(3)(f), 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

7/12/04
Date

609 921-6060
Daytime Phone #