


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2005 08:00 AM
Secretary of State

DOCUMENT # N03000004005
 1. Entity Name
 FLORIDA DART ASSOCIATION, INC.



Principal Place of Business: 3914 NW 88 TERR, CORAL SPRINGS, FL 33065
 Mailing Address: 3914 NW 88 TERR, CORAL SPRINGS, FL 33065



04142005 No Chg-NP CR2E037 (10/03)

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4. FEI Number: NOT APPLICABLE Applied For: Not Applicable
 5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 SYMON HAYES, LORRAINE
 3914 NW 88 TERR
 CORAL SPRINGS, FL 33065

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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: _____ DATE: _____
Signature, typed or printed name of registered agent and file if applicable (NOTE: Registered Agent signature required when reappointing)

Filing Fee is \$61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	SYMON HAYES, LORRAINE
STREET ADDRESS	3914 NW 88 TERR
CITY-ST-ZIP	CORAL SPRINGS, FL 33065
TITLE	VD
NAME	DOUGHERTY, KELLI
STREET ADDRESS	1622 PAULA DR
CITY-ST-ZIP	TALLAHASSEE, FL
TITLE	SD
NAME	HENDERSON, BEVERLY
STREET ADDRESS	6937 O'RIELY DR S
CITY-ST-ZIP	JACKSONVILLE, FL 34293
TITLE	TD
NAME	MANDERSON, WALT
STREET ADDRESS	3140 SUNSET BEACH DR
CITY-ST-ZIP	VENICE, FL 34293
TITLE	D
NAME	ERXLEBEN, LYNN
STREET ADDRESS	703 SE 32 TERR
CITY-ST-ZIP	CAPE CORAL, FL 33904
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 05/05/05-80127-001 61.25

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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)(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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Lorraine Symon Hayes LORRAINE SYMON HAYES 4/12/05 984 452 2939
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #