

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000000301

FILED  
Apr 11, 2007  
Secretary of State

Entity Name: SOUTH FLORIDA WRITERS ASSOCIATION, INC.

**Current Principal Place of Business:**

PO BOX 570415  
MIAMI, FL 332570415

**New Principal Place of Business:**

1429 ALEGRIANO  
CORAL GABLES, FL 33146

**Current Mailing Address:**

PO BOX 570415  
MIAMI, FL 332570415

**New Mailing Address:**

FEI Number: 30-0222228      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

AIRAN, DAMODAR S  
1429 ALEGRAIANO AVE  
CORAL GABLES, FL 33146      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: D      ( ) Delete  
Name: DANIELS, DON  
Address: 8390 SW 122ND ST  
City-St-Zip: MIAMI, FL 331565120

Title: D      ( ) Delete  
Name: DANIELS, RACHEL A  
Address: 8390 SW 122 ST  
City-St-Zip: MIAMI, FL 331561520

Title: D      ( ) Delete  
Name: ROSE, JONATHAN P  
Address: 28 W. FLAGLER STREET, #305  
City-St-Zip: MIAMI, FL 33130

Title: D      ( ) Delete  
Name: AIRAN, DAR  
Address: 1429 ALEGRAIANO AVE  
City-St-Zip: CORAL GABLES, FL 33146

Title: D      ( ) Delete  
Name: GOODMAN-MILONE, CONNIE  
Address: 12920 SW 95 AVE  
City-St-Zip: MIAMI, FL 33176

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: DAMODAR S. AIRAN

D

04/11/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date