

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT


FILED
Feb 11, 2005 8:00 am
Secretary of State

02-11-2005 90024 014 ****61.25

40016536

DOCUMENT # N36844

1. Entity Name
DANFORTH PROPERTY OWNERS' ASSOCIATION, INC.



Principal Place of Business
**1274 NE BUSINESS PARK PL
 JENSEN BEACH, FL 34957 US**

Mailing Address
**P.O. BOX 65
 JENSEN BEACH, FL 34958 US**

2. Principal Place of Business
1111 SE Federal Hwy
 Suite, Apt. #, etc.
Suite 100


3. Mailing Address
1111 SE Federal Hwy
 Suite, Apt. #, etc.
Suite 100

City & State
Stuart, FL

City & State
Stuart, FL

Zip
34994 Country

Zip
34994 Country



01142005 Chg-NP CR2E037 (10/03)

4. FEI Number
59-3006746

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**CORNETT, JANE L
 401 EAST OSCEOLA STREET, FIRST FLOOR
 STUART, FL 34994**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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 title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	STD	<input checked="" type="checkbox"/> Delete
NAME	NOBEL, REX	
STREET ADDRESS	4427 SW OAK HAVEN LANE	
CITY-ST-ZIP	PALM CITY, FL 34990	
TITLE	DV	<input type="checkbox"/> Delete
NAME	BARAL, TOM	
STREET ADDRESS	1872 SW AVTUMNWOOD	
CITY-ST-ZIP	PALM CITY, FL 34990	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	MYERS, ROBERT	
STREET ADDRESS	2408 SW DANFORTH CIRCLE	
CITY-ST-ZIP	PALM CITY, FL 34990	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	TSP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RENAVY ROUSE	
STREET ADDRESS	3788 S.W. THISTLEWOOD LANE	
CITY-ST-ZIP	PALM CITY, FL 34990	
TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VPR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HAI AGAR	
STREET ADDRESS	2368 DANFORTH Circle	
CITY-ST-ZIP	PALM CITY FL 34990	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  **THOMAS J. BARRON JR.** Date **2/2/05** Daytime Phone # **772-284-4781**