

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2007 8:00 am
Secretary of State

04-16-2007 90054 014 ****61.25

DOCUMENT # N36844

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



Principal Place of Business
 955 S.E. FEDERAL HIGHWAY
 SUITE 202
 STUART, FL 34994 US

Mailing Address
 955 S.E. FEDERAL HIGHWAY
 SUITE 202
 STUART, FL 34994 US

40061513



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04112007 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FCI Number
 59-3006746

Applied For
 Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ROSS, EARLE & BONAN, P.A.
 759 S. FEDERAL HIGHWAY
 STUART, FL 34994

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

Signature is used to verify name of registered agent and one if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
 Due by May 1, 2007

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PD	LAMBORN, GAIL	2231 SW DANFORTH CIR	PALM CITY, FL 34990	<input type="checkbox"/>
VPO	UPHAM, GREGORY	4283 SW OAK HAVEN LN	PALM CITY, FL 34990	<input checked="" type="checkbox"/>
STD	ADAMS, FUGENF	1897 SW WINDCROSS RUN	PALM CITY, FL 34990	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
UPD	Josiah Schneider	2224 SW Danforth Circle	PALM CITY, FL 34990	<input type="checkbox"/>	<input checked="" type="checkbox"/>
STD	Pat Ross	3751 SW Mistlewood Lane	PALM CITY, FL 34990	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

[Handwritten Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/11/07 772 286 0030
 Date Daytime Phone #