

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N36844

FILED
Mar 06, 2009
Secretary of State

Entity Name: DANFORTH PROPERTY OWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 59-3006746 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROSS, EARLE & BONAN, P.A.
759 S. FEDERAL HIGHWAY
STUART, FL 34994 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: VPDS () Delete
Name: HERBIRT, ROSS
Address: 3751 SW THISTLEWOOD LN
City-St-Zip: PALM CITY, FL 34990

Title: PD () Delete
Name: SCHNEIDSA, JOSEPH
Address: 2224 SW DANFORTH CIRCLE
City-St-Zip: PALM CITY, FL 34990

Title: TD () Delete
Name: MYSES, ROBERT
Address: 2408 SW DANFORTH CIR
City-St-Zip: PALM CITY, FL 34990

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: TD (X) Change () Addition
Name: HERBURT, ROSS
Address: 3751 SW THISTLEWOOD LN
City-St-Zip: PALM CITY, FL 34990

Title: PD (X) Change () Addition
Name: SCHNEIDSA, JOSEPH
Address: 2224 SW DANFORTH CIRCLE
City-St-Zip: PALM CITY, FL 34990

Title: SD (X) Change () Addition
Name: GIGLIOTTI, JOHN
Address: 3554 SW THISTLEWOOD LN
City-St-Zip: PALM CITY, FL 34990

I hereby certify that the information supplied with this filing does not qualify 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: SUZIE BUTLER

Electronic Signature of Signing Officer or Director

LCAM

03/06/2009

Date