## FILE NOW: FILING FEE IS \$61.25

**NONPROFIT** CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of state

DIVISION OF CORPORATIONS

## DOCUMENT # N9600001957 (7)

DANIA IMPROVEMENT COMMITTEE, INC.

**FILED** Feb 24 1998 8:00am Secretary of State

Principal Place of Business Mailing Address				• •		IIIBA BAD IDIAD BAINI BBAR DDI	IH DDIII GOIII DBII	A IIDIO FOIGI OI	
113 S.W. 1ST STREET		209 S.E. 3 TERR			3. Date in	corporated or Qualifie	ıd		
DANIA FL 33004	•	DANIA FL 33004			04/	05/1996			İ
		US				mber 65-0807	593	<b>★</b> Ap	plied For
					AP	PLIED FOR	- 15	No	t Applicable
2. Principal Place of Business 2e. Mailing Address					5 Cartific	ate of Status Desired		\$8.75	Additional
21	26				o. Certifica	ale of Status Desired		Fee Re	quired
Suite, Apt. #, etc. Suite, Apt. #, etc.					6. Election	Campaign Financing	]	\$5.00 A	May Be
22 100 W. DANIA BEACH BLVD 27					Trust Fu	and Contribution		Added to	Fees
City & State City & State				7. Is this nonprofit corporation a homeowners association?  Yes X No					ነ?
	Country	Zip	Count	У	B. This co	rporation owes or has	paid the curr	ent year Intr	angible
24 33004			[30]			al Property Tax due Ju			No
Name and Address of Current Registered Agent					10. Name a	and Address of New	Registered A	gent	
			8	Name					
DONLY, ROBERT				2 Street	Address (P.O. Box	Number is Not Accep	table)		
209 S.E. 3RD TERRACE									
DANIA FI	L.33004		8	3					
	<b>v</b>		8	1 City			رز منحوز	85 Zip 0	Code
				1			FL	<u> </u>	
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.									
SIGNATURE									
Signature, typied or printed name of registered agent and title if applicable (NOTE: Registered					e required when reinstating		DATE	OIDEOTOD	C (N 40
12.			13.		•	NS/CHANGES TO OF	FICERS AND	☐ Change	S IN 12
TITLE	<u> </u>		1.1 TITLE		ROBERT	DALLY		Change	(ASS ACCURON
NAME	101002 111111		1.2 NAMI		209 9€	2 750			
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CITY-ST-ZIP TITLE	PD	☐ DELETE	1.4 CITY - 2.1 TITLE		DANIA,	FL. 330	707	Change	Addition
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CITY-ST-ZIP TITLE	FT. LAUDERDALE FL VD DELETE		3.1 TITLE		<del> </del>			Change	Addition
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CITY-ST-ZIP	DAAMA PI		3.4. CITY						
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NAME		-	4.2 NAM	E					
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City-St-ZiP			4.4 CITY	ST-ZIP					
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NAME			6.2 NAMI						
STREET ADDRESS			6.3 STRE	T ADDRESS	1				
CITY-ST-ZIP			6.4 CITY	ST-ZIP					
	certify that the information supplied wit	h this filing does not qualify for			ed in Section 119.0	7(3)(i), Florida Statute:	s. I further cer	tify that the	information

Interest certain the information supplied with this limit does not quality for the exemption stated in Section 119.07(3)(), Florida Statutes. Turner certain that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.