2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 03, 2006 08:00 AM
Secretary of State

DOCUMENT # N96000001957

1. Entity Name
DANIA IMPROVEMENT COMMITTEE, INC.

Principal Place of Business	Mailing Address
102 W DANIA BCH BLVD DANIA BEACH FL 33004 US	209 SE 3 TERR DANIA BEACH FL 33004 US

01082006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0807593
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

DONLY, ROBERT
209 S.E. 3RD TERRACE
DANIA BEACH, FL 33004

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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, 2006

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

U00000419183
02/14/06-80036-019 70.00

10. OFFICERS AND DIRECTORS

TITLE	VD
NAME	DORSEY, JOE
STREET ADDRESS	2136 SW 7 CT
CITY-ST-ZIP	BOCA RATON, FL 33486
TITLE	PD
NAME	ETLING, JOHN
STREET ADDRESS	1068 SE 6 AVE
CITY-ST-ZIP	DANIA BEACH, FL 33004
TITLE	DTS
NAME	NEARN, SHARON
STREET ADDRESS	425 SE 6 STREET
CITY-ST-ZIP	DANIA BEACH, FL 33004
TITLE	D
NAME	DONLY, ROBERT
STREET ADDRESS	209 SE 3 TERRACE
CITY-ST-ZIP	DANIA BEACH, FL 33004
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Robert Donly ROBERT DONLY 1/10/06 954 923 2167
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #