

**2002 UNIFORM BUSINESS REPORT (UBR)****FILED**  
**May 12, 2002 8:00 am**  
**Secretary of State**

05-12-2002 90568 001 \*\*\*\*61.25

**DOCUMENT # N19790**

1. Entity Name

**DINNER KEY ANCHORAGE ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

**PO BOX 331703  
5520 SW 80 ST..  
MIAMI FL 33233-1703****PO BOX 331703  
5520 SW 80 ST..  
MIAMI FL 33233-1703**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

4. FEI Number

**59-2812792**

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**

Name

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

City

**FL**

Zip Code

**MODY, RENU N.  
1717 N. BAYSHORE DR.  
APT. 2234  
MIAMI FL 33132**

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**9. Election Campaign Financing  
Trust Fund Contribution. ☐**\$5.00 May Be  
Added to Fees****Make Check Payable to  
Department of State****10. OFFICERS AND DIRECTORS****11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**TITLE ☐ Delete  
NAME **PD  
BRICKER, DAVID**  
STREET ADDRESS **3400 PAN AMERICAN DR.**  
CITY-ST-ZIP **MIAMI FL**TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME **SD  
MOLINARI, DIANA**  
STREET ADDRESS **P O BOX 331703**  
CITY-ST-ZIP **MIAMI FL 33233**TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME **VD  
BECKLEY, JOHN F.**  
STREET ADDRESS **P O BOX 331379**  
CITY-ST-ZIP **MIAMI FL 33233**TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME **TD  
KRASKIN, MADELINE S**  
STREET ADDRESS **P O BOX 331703**  
CITY-ST-ZIP **MIAMI FL 33233**TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME **D  
MANSHAW, JOHN**  
STREET ADDRESS **P O BOX 331703**  
CITY-ST-ZIP **MIAMI FL 33233**TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME **D  
DUCHANE, HELENE**  
STREET ADDRESS **P O BOX 331219**  
CITY-ST-ZIP **MIAMI FL 33233**TITLE ☐ Change ☐ 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:

**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)