2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Feb 27, 2008 8:00 am Secretary of State

DOCUMENT # N0700006680 1. Entity Name DANIELS INDUSTRIAL CONDOMINIUM ASSOCIATION, INC.					•		3 90012 050 ****(
STE 100 DEERFIELD E	PORT CENTER DR BEACH, FL 33442	Mailing Address 1096 E NEWPORT CENT STE 100 DEERFIELD BEACH, FL		;				
2. Principal P 6820 Suite, Apt.	Lyun Stechnology Cir 700 #, etc.	3. Mailing Address 680 Lym S Techwol	ogy Circle +	1100	02052008	Chg-NP	CR2E037 (12/06)	
City & State	Sut Creek FL	Colon of Clea	eK.FL		4. FEI Numbe	3426		Applied For Not Applicable
3307	<u> </u>	^{Zip} 33073	Country			of Status Desired	See Requir	
	6. Name and Address of Current R	Registered Agent	Name		7. Name and	Address of New	Registered Agent	
BUTTERS, MALCOLM 1096 E NEWPORT CENTER DR				Address (F	P.O. Box Nu m be	r is Not Acceptab	leh C	18/5
STE 100 DEERFIELD BEACH, FL 33442				204	402 1C1	Ch20109	/CicleSuid	e. 100
				Colonit Creck, FL Zip 33073				
	named entity submits this statement for ions of registered agent.	the purpose of changing its r	registered office (or registere	ed agent, or both	n, in the State of F	lorida. I am familiar witl	n, and accept
SIGNATURE .								
	Signature, typed or printed name of registered agent ar	nd title if applicable. (NOTE:	: Registered Agent signa	atura required :	when reinstating)		DATE	
	Signature, typed or printed name of registered agent at Filling Fee is \$61.25 Due by May 1, 2008		paign Financing		\$5.00 May Be Added to Fees	-	DATE Make check payable prida Department of	
10.	Filing Fee is \$61.25 Due by May 1, 2008 OFFICERS AND DIR	9. Election Cam Trust Fund Co	paign Financing		\$5.00 May Be Added to Fees	Flo	Make check payable	State N 10
TITLE	Filing Fee is \$61.25 Due by May 1, 2008 OFFICERS AND DIRI	9. Election Cam Trust Fund Co	paign Financing ontribution. 11.		\$5.00 May Be Added to Fees	FIG INGES TO OFFIC	Make check payable orida Department of ERS AND DIRECTORS	State N 10
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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 recover of 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 adult ess with all other like empowered.

SIGNATURE:

OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-19-08

Daylime Phone #