

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

02-27-2008 90012 050 ****61.25

DOCUMENT # N07000006680					
1. Entity Name DANIELS INDUSTRIAL CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 1096 E NEWPORT CENTER DR STE 100 DEERFIELD BEACH, FL 33442			Mailing Address 1096 E NEWPORT CENTER DR STE 100 DEERFIELD BEACH, FL 33442		
2. Principal Place of Business - No P.O. Box # 6820 Lyons Technology Circle #100		3. Mailing Address 6820 Lyons Technology Circle #100			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		02052008 Chg-NP CR2E037 (12/06)	
City & State Colanut Creek, FL		City & State Colanut Creek, FL		4. FEI Number 26-113420	
Zip 33073		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BUTTERS, MALCOLM 1096 E NEWPORT CENTER DR STE 100 DEERFIELD BEACH, FL 33442			7. Name and Address of New Registered Agent		
Name			Name		
Street Address (P.O. Box Number is Not Acceptable)			Street Address (P.O. Box Number is Not Acceptable) 6820 Lyons Technology Circle Suite 100		
City			City		
Colanut Creek, FL			Colanut Creek, FL		
Zip Code			Zip Code		
33073			33073		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE PD	NAME BUTTERS, MALCOLM	<input type="checkbox"/> Delete	TITLE 	NAME 6820 Lyons Technology Circle Suite 100	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 1096 E NEWPORT CENTER DR - STE 100	CITY-ST-ZIP DEERFIELD BEACH, FL 33442		STREET ADDRESS Colanut Creek, FL 33073	CITY-ST-ZIP Colanut Creek, FL 33073	
TITLE VPD	NAME LEDER, JOSHUA	<input type="checkbox"/> Delete	TITLE 	NAME 6820 Lyons Technology Circle Suite 100	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 1096 E NEWPORT CENTER DR - STE 100	CITY-ST-ZIP DEERFIELD BEACH, FL 33442		STREET ADDRESS Colanut Creek, FL 33073	CITY-ST-ZIP Colanut Creek, FL 33073	
TITLE STD	NAME LAPIDUS, JEFF	<input type="checkbox"/> Delete	TITLE 	NAME 6820 Lyons Technology Circle Suite 100	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 1096 E NEWPORT CENTER DR - STE 100	CITY-ST-ZIP DEERFIELD BEACH, FL 33442		STREET ADDRESS Colanut Creek, FL 33073	CITY-ST-ZIP Colanut Creek, FL 33073	
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STREET ADDRESS 	CITY-ST-ZIP 		STREET ADDRESS 	CITY-ST-ZIP 	
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: _____			2-19-08		
<small>SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		