

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N00000002294

**Entity Name:** DARWIN PLAZA ASSOCIATION, INC.

**Current Principal Place of Business:**

222 LAKEVIEW AVENUE  
PH-5  
WEST PALM BEACH, FL 33401

**Current Mailing Address:**

222 LAKEVIEW AVENUE  
PH-5  
WEST PALM BEACH, FL 33401 US

**FEI Number:** 51-0440353

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

JONES FOSTER SERVICE, LLC  
505 S. FLAGLER DR.  
SUITE 1100  
WEST PALM BEACH, FL 33401 US

*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:** LARRY B. ALEXANDER, JR.

03/10/2016

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title P/T/D  
Name MORRISON, THOMAS J.  
Address 222 LAKEVIEW AVENUE  
PH-5  
City-State-Zip: WEST PALM BEACH FL 33401

Title PTD  
Name MORRISON, THOMAS J  
Address 222 LAKEVIEW AVENUE  
PH-5  
City-State-Zip: WEST PALM BEACH FL 33401

Title SD  
Name GIL, FRANCISCO  
Address 222 LAKEVIEW AVENUE  
PH-5  
City-State-Zip: WEST PALM BEACH FL 33401

Title S/D  
Name GIL, FRANCISCO  
Address 222 LAKEVIEW AVENUE  
PH-5  
City-State-Zip: WEST PALM BEACH FL 33401

Title D  
Name WEETER, DANIEL R.  
Address 4409 S.W. LONG BAY DR.  
City-State-Zip: PALM CITY FL 34990

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** THOMAS MORRISON

**OWNER**

03/10/2016

Electronic Signature of Signing Officer/Director Detail

Date