

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

DOCUMENT# N05000005248

**Entity Name:** DANIA DISTRIBUTION CENTRE CONDOMINIUM ASSOCIATION, INC.

**FILED**  
**Apr 14, 2016**  
**Secretary of State**  
**CC4506659695**

**Current Principal Place of Business:**

1145 SAWGRASS CORPORATE PARKWAY  
SUNRISE, FL 33323

**Current Mailing Address:**

1145 SAWGRASS CORPORATE PARKWAY  
SUNRISE, FL 33323

**FEI Number:** 20-3026304

**Certificate of Status Desired:** No

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

SHIR, GUY MESQ.  
1800 NW CORPORATE BLVD  
SUITE 200  
BOCA RATON, FL 33431 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title DIRECTOR  
Name SCALISE, DAVID  
Address 1145 SAWGRASS CORP PARKWAY  
City-State-Zip: SUNRISE FL 33323

Title S  
Name LIEMER, ROY K  
Address 1145 SAWGRASS CORP PARKWAY  
City-State-Zip: SUNRISE FL 33323

Title T  
Name FRUITMAN, DAVID S  
Address 1145 SAWGRASS CORP PARKWAY  
City-State-Zip: SUNRISE FL 33323

Title PRESIDENT  
Name LOPEZ, JOSE  
Address 1145 SAWGRASS CORP PARKWAY  
City-State-Zip: SUNRISE FL 33323

*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: JOSE LOPEZ**

**PRESIDENT**

**04/14/2016**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date