

**2022 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# N06000006162

**Entity Name:** DOWNTOWN DADELAND CONDOMINIUM NO. FIVE ASSOCIATION, INC.

**Current Principal Place of Business:**

C/O ASSOCIATION SERVICES OF FLORIDA  
10112 USA TODAY WAY  
MIMAMAR, FL 33025

**Current Mailing Address:**

C/O ASSOCIATION SERVICES OF FLORIDA  
10112 USA TODAY WAY  
MIRAMAR, FL 33025 US

**FEI Number: 30-0367030**

**Certificate of Status Desired: No**

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

JAGOLTA, JONATHAN  
C/O ASSOCIATION SERVICES OF FLORIDA  
10112 USA TODAY WAY  
MIMAMAR, FL 33025 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: JONATHAN JAGOLTA**

**05/03/2022**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title VP  
Name WATARZ, NATALIE  
Address C/O ASSOCIATION SERVICES OF FLORIDA  
10112 USA TODAY WAY  
City-State-Zip: MIRAMAR FL 33025

Title SECRETARY  
Name DEMBROSKI, KATHLEEN  
Address C/O ASSOCIATION SERVICES OF FLORIDA  
10112 USA TODAY WAY  
City-State-Zip: MIRAMAR FL 33025

Title PRESIDENT  
Name MALDONADO, MANUEL  
Address C/O ASSOCIATION SERVICES OF FLORIDA  
10112 USA TODAY WAY  
City-State-Zip: MIRAMAR FL 33025

Title TREASURER  
Name DEMBROSKI, KATHY  
Address C/O ASSOCIATION SERVICES OF FLORIDA  
10112 USA TODAY WAY  
City-State-Zip: MIRAMAR FL 33025

*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: MANUEL MALDONADO**

**PRESIDENT**

**05/03/2022**

