2004 NOT-FOR-PROFIT CORPORATION

changed, or on an attachment with

SIGNATURE:

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FILED ANNUAL REPORT (AR) Mar 03, 2004 8:00 am **DOCUMENT # 717578 Secretary of State** 1. Entity Name 03-03-2004 90018 004 ****61.25 THE DANIANS NORTH CONDOMINIUM, INC. Mailing Address Principal Place of Business 600 N.E. 2ND STREET P.O BOX 1261 24074441 DANIA BEACH FL 33004 DANIA BEACH FL 33004 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E037 (11/03) City & State 4. FEI Number Applied For City & State 59-1361928 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent MALONE, JAMES E CPA Street Address (P.O. Box Number is Not Acceptable) 515 NE 2 PL DANIA BEACH FL 33004 Zip Code City 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 oent and litte if applicable (NOTE: Registered Agent signature required when reinstating) Make Check Payable to FILE NOW FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees Florida Department of State Due By May 1, 2004 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 FICERS AND DIRECTORS 11. 10 STD ■ Addition ☐ Change ☐ Delete TITLE TITLE WATERMAN, EVA NAME NAME 604 NE 2 ST STREET ADDRESS STREET ADDRESS **DANIA FL 33004** CITY-ST-ZIP CITY-ST-7IP DP Change ☐ Addition nne ☐ Delete TITLE BALDINO, ANTHONY NAME NAME 600 NE 2ND STREET APT 518 STREET ADDRESS STREET ADDRESS DANIA BEACH FL 33004-3349 CITY-ST-ZIP CITY-ST-ZIP VPD-------TITLE Detete Change Addition BALDINO, JOSEPH NAME NAME 604 NE 2ND ST. #121 STREET ADDRESS STREET ADDRESS DANIA BEACH FL 33004 CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change TITLE Delete TITLE PITTI, JOSEPH NAME 600 NE 2 STREET, STREET ADDRESS STREET ADDRESS **DANIA FL 33004** CITY-ST-7IP CITY-ST-ZIP ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). 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