

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 22, 2005 08:00 AM
Secretary of State

DOCUMENT # 717578 1. Entity Name THE DANIAN NORTH CONDOMINIUM, INC.	
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Principal Place of Business 600 N.E. 2ND STREET DANIA BEACH, FL 33004	Mailing Address P.O BOX 1261 DANIA BEACH, FL 33004 US
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DO NOT WRITE IN THIS SPACE



07012005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-1361928	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**MALONE, JAMES E CPA
515 NE 2 PL
DANIA BEACH, FL 33004**

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by September 7, 2005	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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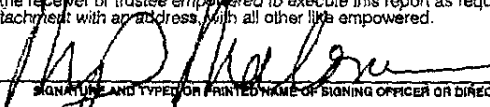
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD WATERMAN, EVA 604 NE 2 ST DANIA, FL 33004
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BALDINO, ANTHONY 600 NE 2ND STREET APT 518 DANIA BEACH, FL 330043349
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD BALDINO, JOSEPH 604 NE 2ND ST. #121 DANIA BEACH, FL 33004
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PITTI, JOSEPH 600 NE 2 STREET DANIA, FL 33004
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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07/22/05-80002-014 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  **7-15-05** **954922312**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #