2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

Apr 07, 2008 08:00 A Secretary of State **DOCUMENT # 717578** 1. Entity Name THE DANIANS NORTH CONDOMINIUM, INC. Principal Place of Business Mailing Address 600 N.E. 2ND STREET P.O BOX 1261 DANIA BEACH FL 33004 DANIA BEACH FL 33004 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/07) City & State City & State Applied For 4. FEI Number 59-1361928 Not Applicable Zip Country ZiD Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MATONE, JAMES E CPAT Street Address (P.O. Box Number is Not Acceptable) 515 NE 2 PL DANIA BEACH FL 33004 Zip Code City FL 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 Fiorida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of legistered agent and title I applicable. DATE (NOTE: Registered Agent signature (equilified when reinstating). FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. Due By May 1, 2008 Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 STD ☐ Delete TITLE TITLE ☐ Change ☐ Addition MAQZAMER, JUDY NAME NAME 000000385459 604 NE 2 ST STREET ADDRESS STREET ADDI-ESS 04/18/08-80014-021 61.25 **DANIA FL 33004** CITY-ST-ZIP CITY ST-ZiP DP TITLE ☐ Delote TITLE Change ■ Addition BALDINO, ANTHONY NAME MAME 600 NE 2ND STREET APT 518 STREET ADDRESS STREET ADDRESS **DANIA BEACH FL 33004-3349** CITY-ST-ZIP CHY-ST-ZIP T:TLE ☐ Delete Change Addition TITLE BALDINO, JOSEPH NAME MAME STREET ADDRESS 604 NE 2ND ST. #121 STREET ADDRESS DANIA BEACH FL 33004 CITY - ST - ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition PITTI, JOSEPH NAME NAME STREET ADDRESS 600 NE 2 STREET STREET ADDRESS CITY-ST-ZIP **DANIA FL 33004** CITY-ST-ZIP Change TiTLE ☐ Delete TITLE M Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZP TiTLE ☐ Addition ☐ Delete Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZP

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119. 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:

A #/3/08*