

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 11, 2004 8:00 am
Secretary of State

02-11-2004 90041 017 ****61.25

DOCUMENT # 748052
 1. Entity Name
DADELAND WALK ASSOCIATION, INC.



Principal Place of Business
 7901 SW 88TH STREET
 MIAMI, FL 33143 US

Mailing Address
 C/O THE FOSTER CO.
 PO BOX 565820
 MIAMI, FL 33256-5820 US

34014003



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.
12396 SW 82 Ave

01092004 Chg-NP CR2E037 (10/03)

City & State
MIAMI, FL

4. FEI Number
59-2061986

Applied For
 Not Applicable

Zip Country
33156 US

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
SCOTT, JOSEPH
~~12344 SW 82ND AVE~~ **12396 SW 82 Ave**
 MIAMI, FL 33156

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 _____
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25
Due by May 1, 2004

9. Election Campaign Financing
 Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	X T-D	<input type="checkbox"/> Delete
NAME	DERNIS, MARILYN	
STREET ADDRESS	8137 SW 86 TR.	
CITY-ST-ZIP	MIAMI, FL 33143	
TITLE	SB S-D	<input type="checkbox"/> Delete
NAME	GARCIA, EVELYN	
STREET ADDRESS	8716 SW 79 PL	
CITY-ST-ZIP	MIAMI, FL 33143	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	LANDER, FAYE F	
STREET ADDRESS	8633 SW 79 PL	
CITY-ST-ZIP	MIAMI, FL 33143	
TITLE	VP/D	<input checked="" type="checkbox"/> Delete
NAME	ROSENFELD, SHERMAN	
STREET ADDRESS	8124 SW 86 TR	
CITY-ST-ZIP	MIAMI, FL 33143	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	KLINE, MONTELLE	
STREET ADDRESS	8132 SW 867R	
CITY-ST-ZIP	MIAMI, FL 33143	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P-D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KATHERINE CARRODA	
STREET ADDRESS	8145 SW 86TR.	
CITY-ST-ZIP	MIAMI, FL 33143	
TITLE	VP-D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GARY LUBEL	
STREET ADDRESS	8137 SW 87TR	
CITY-ST-ZIP	MIAMI, FL 33143	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARIA ANILA	
STREET ADDRESS	8724 SW 79th PL	
CITY-ST-ZIP	MIAMI, FL 33143	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Marilyn J Dernas Marilyn J Dernas 2/6/04 305-254-7228
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #