

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90283 005 ****61.25

DOCUMENT # N00000001555

1. Entity Name
**DIMUCCI TWIN TOWERS NORTH & SOUTH
CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business
**3422 S. ATLANTIC AVE.
DAYTONA BCH SHORES, FL 32118**

Mailing Address
**285 WEST DUNDEE ROAD
PALATINE, IL 60074**

94054746



DO NOT WRITE IN THIS SPACE

03152004 No Chg-NP CR2E037 (10/03)

4. FEI Number
59-3632872

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**DIMUCCI, ANTHONY
3422 S ATLANTIC AVENUE
DAYTONA BEACH SHORES, FL 32118**

**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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's 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**

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	DIMUCCI, ANTHONY
STREET ADDRESS	285 WEST DUNDEE ROAD
CITY-ST-ZIP	PALATINE, IL 60074
TITLE	D
NAME	VIHLEN, SID
STREET ADDRESS	200 N. PARK AVE., SUITE 200
CITY-ST-ZIP	SANFORD, FL 32771
TITLE	D
NAME	PREWITT, SCOTT
STREET ADDRESS	3422 S ATLANTIC AVE
CITY-ST-ZIP	DAYTONA BEACH, FL 32118
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: *Anthony Dimucci*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-17-04

Date

847-991-4400

Daytime Phone #