2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 06, 2006 08:00 AM
Secretary of State

DOCUMENT # N00000001555

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

Principal Place of Business	Mailing Address
3422 S. ATLANTIC AVE. DAYTONA BCH SHORES, FL 32118	285 WEST DUNDEE ROAD PALATINE, IL 60074

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01172006 No Chg-NP CR2E037 (11/05)

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 ALTANTIC AVENUE
DAYTONA BEACH SHORES, FL 32118

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

Filing Fee is $61.25
Due by May 1, 2006

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

U00000424188
02/18/06-80038-013 61.25

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	LACLAIRE, CORINNE
STREET ADDRESS	3424 SOUTH ATLANTIC AVENUE
CITY-ST-ZIP	DAYTONA BEACH, FL 32118
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: _____ 1-27-06 847-991-0500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #