

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000001555

FILED  
Apr 17, 2009  
Secretary of State

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

**Current Principal Place of Business:**

3422 S. ATLANTIC AVE.  
DAYTONA BCH SHORES, FL 32118

**New Principal Place of Business:**

**Current Mailing Address:**

285 WEST DUNDEE ROAD  
PALATINE, IL 60074

**New Mailing Address:**

**FEI Number:** 59-3632872

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: DIMUCCI, ANTHONY  
Address: 285 WEST DUNDEE ROAD  
City-St-Zip: PALATINE, IL 60074

Title: D ( ) Delete  
Name: VIHLEN, SID  
Address: 200 N. PARK AVE., SUITE 200  
City-St-Zip: SANFORD, FL 32771

Title: D ( ) Delete  
Name: LACLAIRE, CORINNE  
Address: 3424 SOUTH ATLANTIC AVENUE  
City-St-Zip: DAYTONA BEACH, FL 32118

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANTHONY DIMUCCI

DIR

04/17/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date