2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2005 08:00 AM
Secretary of State

DOCUMENT # N00000002294

1. Entity Name
DARWIN PLAZA ASSOCIATION, INC.

Principal Place of Business	Mailing Address
194 NASSAU STREET PRINCETON, NJ 08542	194 NASSAU STREET PRINCETON, NJ 08542

DO NOT WRITE IN THIS SPACE

01052005 No Chg-NP CR2E037 (10/03)

4. FEI Number
51-0440353

☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

SMOAK, WOODROW J
3299 SW 42ND AVE
PALM CITY, FL 34990

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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, 2005

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

10. OFFICERS AND DIRECTORS

TITLE	DPT
NAME	SANDS, JEFFREY H
STREET ADDRESS	194 NASSAU STREET
CITY-ST-ZIP	PRINCETON, NJ 08542
TITLE	DV
NAME	JEFFER, HERMAN M
STREET ADDRESS	1600 ROUTE 206 NORTH
CITY-ST-ZIP	HAWTHORNE, NJ 07506
TITLE	DS
NAME	MAIETTA, GAREY N
STREET ADDRESS	194 NASSAU STREET
CITY-ST-ZIP	PRINCETON, NJ 08542
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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01/21/05-80040-017 61.25

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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: _____ 1/17/05 607 921-6060
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #