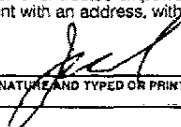


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED

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

DOCUMENT # N00000002294 1. Entity Name DARWIN PLAZA ASSOCIATION, INC.			
Principal Place of Business 194 NASSAU STREET PRINCETON, NJ 08542		Mailing Address 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			
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ Signature, typed or printed name of registered agent and title if applicable.			
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 NAME STREET ADDRESS CITY - ST - ZIP	DPT SANDS, JEFFREY H 194 NASSAU STREET PRINCETON, NJ 08542		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DV JEFFER, HERMAN M 1600 ROUTE 206 NORTH HAWTHORNE, NJ 07506		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DS MAIETTA, GAREY N 194 NASSAU STREET PRINCETON, NJ 08542		
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
TITLE 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:  1/17/05 Date 607 921-6060 Daytime Phone # SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			