

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

FILED
May 02, 2005 08:00 AM
Secretary of State

DOCUMENT # N01000001112 1. Entity Name DAVIE BOULEVARD CIVIC RENAISSANCE, INC.	
--	---

Principal Place of Business 3516 S.W. 15TH ST. FORT LAUDERDALE, FL 33312	Mailing Address 3516 S.W. 15TH ST. FORT LAUDERDALE, FL 33312
--	--



01042005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FII Number 65-0080219	Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent NIEDERRITER, VIRGIL 140 SW 21 WAY FT LAUDERDALE, FL 33312
--

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 signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to F
---	---

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY ST ZIP	DP NIEDERRITER, VIRGIL 104 SW 21 WAY FT LAUDERDALE, FL 33312
TITLE NAME STREET ADDRESS CITY ST ZIP	DVP BUCHER, CINDY 1770 SOUTHWEST 37 WAY FT LAUDERDALE, FL 33312
TITLE NAME STREET ADDRESS CITY ST ZIP	DS DUPUIS, MARJORIE 3516 SW 15TH STREET FT LAUDERDALE, FL 33312
TITLE NAME STREET ADDRESS CITY ST ZIP	D DUPUIS, LEO 3516 SW 15TH STREET FT LAUDERDALE, FL 33312
TITLE NAME STREET ADDRESS CITY ST ZIP	D HAUK, KATIE 3787 S.W. 17TH ST. FORT LAUDERDALE, FL 33312
TITLE NAME STREET ADDRESS CITY ST ZIP	D GRANT, LOUISE 1861 S.W. 36TH TERR. FORT LAUDERDALE, FL 33312

U00000355443 05/03/05-80149-004 61.25 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 Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall be the signature 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: Marjorie Dupuis 4/23/05 954 584-1625
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #