

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000005590

FILED
Apr 15, 2009
Secretary of State

Entity Name: THE DANTON CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

1532 DREXEL AVE
MIAMI BEACH, FL 33139

New Principal Place of Business:

Current Mailing Address:

1532 DREXEL AVE
MIAMI BEACH, FL 33139

New Mailing Address:

707 5TH ST
MIAMI BEACH, FL 33139

FEI Number: 65-1133137

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DAVID, RAPOSO
707 5TH ST
MIAMI BEACH, FL 33131 US

Name and Address of New Registered Agent:

MARIA, LANDA-POSADA
12394 SW 82ND AVENUE
PINECREST, FL 33156 US

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: MARIA LANDA-POSADA

04/15/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: SCOTT, HUDSON
Address: 1532 DREXEL AVE # 303
City-St-Zip: MIAMI BEACH, FL 33139

Title: SD () Delete
Name: PERLMAN, SANDRA
Address: 1532 DREXEL AVE #401
City-St-Zip: MIAMI BEACH, FL 33139

Title: TD () Delete
Name: SIMMON, BARRY
Address: 1528 DREXEL AVE #3
City-St-Zip: MIAMI BEACH, FL 33139

Title: PD () Delete
Name: ZAMBRANO, HENRY
Address: 1532 DREXEL AVE SUITE 202
City-St-Zip: MIAMI BEACH, FL 33139

Title: D () Delete
Name: HELLMAN, KEVIN
Address: 1632 DREXEL AVE SUITE 403
City-St-Zip: MIAMI BEACH, FL 33139

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:

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: BARRY SIMMON

TD

04/15/2009

Electronic Signature of Signing Officer or Director

Date