


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 16, 2007 8:00 am
Secretary of State

03-16-2007 90041 017 ****61.25

DOCUMENT # N01000009045 1. Entity Name DANFORTH VILLAGE HOMEOWNERS ASSOCIATION, INC.			
Principal Place of Business P.O. BOX 211747 ROYAL PALM BEACH, FL 33421		Mailing Address P O BOX 211747 ROYAL PALM BEACH, FL 33421	
2. Principal Place of Business - No P.O. Box # <i>Wellington Management</i> Suite, Apt. #, etc. 3461-B FAIRLANE FARMS RD City & State Wellington FL Zip 33414		3. Mailing Address <i>Wellington Management</i> Suite, Apt. #, etc. 3461-B FAIRLANE FARMS RD City & State Wellington FL Zip 33414	
6. Name and Address of Current Registered Agent COSCOLITO, ROBERT 2621 DANFORTH TERRACE HOA. WEST PALM BEACH, FL 33414		7. Name and Address of New Registered Agent Name <i>Newsome John</i> Street Address (P.O. Box Number is Not Acceptable) Wellington Management, INC 3461-B FAIRLANE FARMS RD City Wellington FL Zip Code 33414	
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 <i>[Signature]</i> (NOTE: Registered Agent signature required when reinstating) DATE			
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PD	TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COSOLITO, BOB	NAME	CLARK, BARRY
STREET ADDRESS	P O BOX 211747	STREET ADDRESS	2635 DANFORTH TERR.
CITY-ST-ZIP	ROYAL PALM BEACH, FL 33421	CITY-ST-ZIP	Wellington, FL 33414
Delete <input checked="" type="checkbox"/>		Delete <input checked="" type="checkbox"/>	
TITLE	VD	TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALVAREZ, OSCAR	NAME	ELM, JOSEPH
STREET ADDRESS	P O BOX 211747	STREET ADDRESS	9265 Delema Ct.
CITY-ST-ZIP	ROYAL PALM BEACH, FL 33421	CITY-ST-ZIP	Wellington, FL 33414
Delete <input checked="" type="checkbox"/>		Delete <input checked="" type="checkbox"/>	
TITLE	STD	TITLE	STD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLER, HARMA	NAME	OLSEN ROBERT
STREET ADDRESS	P O BOX 211747	STREET ADDRESS	2628 DANFORTH TERR.
CITY-ST-ZIP	ROYAL PALM BEACH, FL 33421	CITY-ST-ZIP	Wellington, FL 33414
Delete <input checked="" type="checkbox"/>		Delete <input type="checkbox"/>	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
Delete <input type="checkbox"/>		Delete <input type="checkbox"/>	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
Delete <input type="checkbox"/>		Delete <input type="checkbox"/>	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 <i>Barry Clark</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date <i>3/13/07</i> Daytime Phone # <i>561-706-8498</i>	