

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 20, 2005 8:00 am**  
**Secretary of State**

04-20-2005 90349 044 \*\*\*\*61.25

**DOCUMENT # N04000001365**

1. Entity Name

DANIA BEACH NEIGHBORHOODS UNITED, INC.



Principal Place of Business

DANIA BEACH CITY HALL  
100 W DANIA BCH BLVD  
DANIA BCH FL 33004

Mailing Address

PO BOX 754  
DANIA BCH FL 33004

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/04)

4. FEI Number

Applied For

☒ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JASON, GEORGE A  
4549 SW 37 AVE  
DANIA BCH FL 33312

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	JASON, GEORGE A	
STREET ADDRESS	4549 SW 37 AVE	
CITY-ST-ZIP	DANIA BCH FL 33312	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	HART, PATRICIA	
STREET ADDRESS	517 NE 2 PL	
CITY-ST-ZIP	DANIA BCH FL 33004	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BERTINO, BARBARA	
STREET ADDRESS	211 SE 2 TER	
CITY-ST-ZIP	DANIA BCH FL 33004	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	TYRA, PATRICIA	
STREET ADDRESS	2912 SW 54 ST	
CITY-ST-ZIP	DANIA BCH FL 33312	
TITLE	D	<input type="checkbox"/> Delete
NAME	ETLING, JOHN	
STREET ADDRESS	1068 SE 6 AVE	
CITY-ST-ZIP	DANIA BCH FL 33004	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	GRACE, BOBBIE	
STREET ADDRESS	110 NW 8 AVE	
CITY-ST-ZIP	DANIA BCH FL 33004	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Lolita Blostein	
STREET ADDRESS	5140 SW 40th Avenue, #60	
CITY-ST-ZIP	Dania Beach, FL 33314	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Joan Cutsler	
STREET ADDRESS	2911 SW 58 Street	
CITY-ST-ZIP	Dania Beach, FL 33312	
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Beulah Lair	
STREET ADDRESS	1433 Argonaut Isle	
CITY-ST-ZIP	Dania Beach, FL 33004	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Pamela Wilson	
STREET ADDRESS	5550 Woodland Lane	
CITY-ST-ZIP	Dania Beach, FL 33312	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Donna Brunow	
STREET ADDRESS	3028 SW 51 Street	
CITY-ST-ZIP	Dania Beach, FL 33312	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:

*George A. Jason* **GEORGE A. JASON**

**4/4/2005**

**954-987-4347**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #