


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2008 8:00 am
Secretary of State

01-22-2008 90044 040 ****61.25

DOCUMENT # N04000005808					
1. Entity Name ANNTOM COMMERCE CENTER OF DANIA BEACH CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 2110-2180 ANNTOM DRIVE DANIA BEACH, FL 33312			Mailing Address 2180 ANNTOM DRIVE DANIA BEACH, FL 33312		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 20-1515762	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent D'ALLESSANDRO, RICHARD 2180 ANNTOM DRIVE DANIA BEACH, FL 33312			7. Name and Address of New Registered Agent 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2008		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 PTD NAME D'ALLESANDRO, RICHARD STREET ADDRESS 4042 WEST LAKE ESTATES DRIVE CITY-ST-ZIP DAVIE, FL 33328	<input checked="" type="checkbox"/> Delete		TITLE S NAME SHELLEY NORMANDIN STREET ADDRESS 2120 ANNTOM DR CITY-ST-ZIP DANIA BEACH, FL 33312	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE SD NAME PEDICELLI, DOMENIC P STREET ADDRESS 4016 WEST PARK ROAD CITY-ST-ZIP HOLLYWOOD, FL 33021	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME PEDICELLI, LUCILLE STREET ADDRESS 4016 WEST PARK ROAD CITY-ST-ZIP HOLLYWOOD, FL 33021	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE PD NAME RICHARD D'ALESSANDRO STREET ADDRESS 2180 ANNTOM DR CITY-ST-ZIP DANIA BEACH, FL 33312	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE TD NAME STEVEN DUGGAN STREET ADDRESS 2160 ANNTOM DR CITY-ST-ZIP DANIA BEACH, FL 33312	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME HARRY KRAFT STREET ADDRESS 2150 ANNTOM DR CITY-ST-ZIP DANIA BEACH, FL 33312	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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>[Signature]</i> President 1/14/2008 954-693-7966					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					