## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N05000005248

FILED Apr 01, 2009 Secretary of State

Entity Name: DANIA DISTRIBUTION CENTRE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

10556 NW 26 ST 1145 SAWGRASS CORPORATE PARKWAY

STE D203 SUNRISE, FL 33323 DORAL, FL 33172

Current Mailing Address: New Mailing Address:

10556 NW 26 ST 1145 SAWGRASS CORPORATE PARKWAY

STE D203 SUNRISE, FL 33323 DORAL, FL 33172

FEI Number: 20-3026304 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

ARROM, ORLANDO SHIR, GUY M ESQ.

10556 NW 26 ST STE D203 1800 NW CORPORATE BLVD
DORAL FL 33172 US SUITE 200

DORAL, FL 33172 US SUITE 200
BOCA RATON, FL 33431 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: GUY M. SHIR, ESQ 04/01/2009

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Fitle: P ( ) Delete Title: P (X) Change ( ) Addition

Name: WEBER, DAVID Name: WEBER, DAVID
Address: 73 SW 12 AVE STE 1-107 Address: 1145 SAWGRASS CORP PARKWAY

City-St-Zip: DANIA, FL 33004 City-St-Zip: SUNRISE, FL 33323

Title: VP ( ) Delete Title: VP (X) Change ( ) Addition

Name: ARIAS, WASHINGTON Name: ARIAS, WASHINGTON
Address: 4391 SW 141 AVE Address: 1145 SAWGRASS CORP PARKWAY

 Address:
 4391 SW 141 AVE
 Address:
 1145 SAWGRASS CORP PARKWA'

 City-St-Zip:
 DAVIE, FL 33330
 City-St-Zip:
 SUNRISE, FL 33323

Title: ST () Delete Title: ST (X) Change () Addition Name: SORENSON, MARK Name: SCALISE, DAVID K

Address: 11 SW 12 AVE STE 4-101 Address: 1145 SAWGRASS CORP PARKWAY

City-St-Zip: DANIA, FL 33004 City-St-Zip: SUNRISE, FL 33323

Title: ( ) Delete Title: TR ( ) Change (X) Addition Name: FRUITMAN, DAVID S

Address: Address: 1145 SAWGRASS CORP PARKWAY

City-St-Zip: City-St-Zip: SUNRISE, FL 33323

Name: Name: LIEMER, ROY

Address: Address: 1145 SAWGRASS CORP PARKWAY

City-St-Zip: City-St-Zip: SUNRISE, FL 33323

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: DAVID WEBER P 04/01/2009