


**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 10, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N05000008843</b> 1. Entity Name <b>NORTHEAST DANIA BEACH PROPERTY OWNERS ASSOCIATION, INC.</b>	
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Principal Place of Business <b>517 N.E. 2ND PLACE DANIA BEACH, FL 33004</b>	Mailing Address <b>517 N.E. 2ND PLACE DANIA BEACH, FL 33004</b>
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**DO NOT WRITE IN THIS SPACE**



01072008 No Chg-NP CR2E037 (4/06)

4. FEI Number <b>20-3410270</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**HART, PATRICIA  
517 N.E. 2ND PLACE  
DANIA BEACH, FL 33004**

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IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

<b>Filing Fee is \$61.25 Due by May 1, 2008</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>U00000778159 01/10/08-80036-018 61.25</b>
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HART, PATRICIA 517 N.E. 2ND PLACE DANIA BEACH, FL 33004
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ARUTT, CHRISTOPHER 610 N.E. 3RD STREET DANIA BEACH, FL 33004
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD FROST, CLARE 642 N.E. 3RD STREET DANIA BEACH, FL 33004
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: CLARE M. FROST **CLARE M. FROST** **1/7/08** **(954) 923-4439**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #