

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 21, 2007 8:00 am
Secretary of State

04-26-2007 90186 038 ****61.25

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1st MOORE CR2E037 (10/06)

DOCUMENT # N05000010199 1. Entity Name DAVID NINE CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 4023 SAWYER RD SARASOTA FL 34233			Mailing Address 4023 SAWYER RD SARASOTA FL 34233		
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 51-0594142	
5. Certificate of Status Desired ☐				Applied For Not Applicable	
6. Name and Address of Current Registered Agent ALLEN, STEPHEN T 4023 SAWYER RD SARASOTA FL 34233				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 _____ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agents signature required when changing)					
FILE NOW: FEE IS \$61.25 Due By May 1, 2007		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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	TITLE	NAME
PD	ALLEN, STEPHEN T	4023 SAWYER RD	SARASOTA FL 34233		
VPD	KLOSNER, JOHN D	4023 SAWYER RD	SARASOTA FL 34233		
SD	CONNOURS, DOUGLAS J	4023 SAWYER RD	SARASOTA FL 34233		
TD	KLOSNER, J. RUSSELL	4023 SAWYER RD	SARASOTA FL 34233		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplement 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 an other and empowered.					
SIGNATURE: _____ 4-16-07 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					