

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000010774

FILED
Apr 10, 2006
Secretary of State

Entity Name: DISTRICT II COMMUNITY COUNCIL, INC.

Current Principal Place of Business:

226 SE 4 STREET
DANIA, FL 33004

New Principal Place of Business:

Current Mailing Address:

226 SE 4 STREET
DANIA, FL 33004

New Mailing Address:

FEI Number: 20-3802363

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

UDELL-HIGGINS, HELEN
226 SE 4 STREET
DANIA, FL 33004 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: UDELL-HIGGINS, HELEN
Address: 226 SE 4 STREET
City-St-Zip: DANIA, FL 33004

Title: VP () Delete
Name: SIMS, ROBERT J
Address: 32 SW 4 STREET
City-St-Zip: DANIA, FL 33004

Title: VP () Delete
Name: BAKER, CREIGHTON J
Address: 310 NE 5 COURT
City-St-Zip: DANIA, FL 33004

Title: T () Delete
Name: PALLAVICINI, MARIE
Address: 206 NE 2 PLACE
City-St-Zip: DANIA, FL 33004

Title: S () Delete
Name: GRAMPA, MARIA
Address: 105 SE 2 STREET
City-St-Zip: DANIA, FL 33004 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: MARIE PALLAVICINI

T

04/10/2006

Electronic Signature of Signing Officer or Director

Date