

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000010774

FILED  
Apr 30, 2007  
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 ( )

**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: P (X) Change ( ) Addition  
Name: GRAMPA, CLYDE  
Address: 105 SE 2ND STREET  
City-St-Zip: DANIA, FL 33004

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 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: CLYDE GRAMPA

P

04/30/2007

Electronic Signature of Signing Officer or Director

Date