

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

FILED
Mar 03, 2008 08:00 A
Secretary of State

DOCUMENT # N06000001494

1. Entity Name
THE DIMUCCI TOWER CONDOMINIUM ASSOCIATION,
INC.



Principal Place of Business
3424 S. ATLANTIC AVENUE
DAYTONA BEACH SHORES, FL 32118

Mailing Address
285 WEST DUNDEE ROAD
PALATINE, IL 60067



01242008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 41-2196465	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DIMARCI, ANTHONY
3424 S. ATLANTIC AVE
DAYTONA BEACH, FL 32118

**DO NOT WRITE
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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	D DIMUCCI, ANTHONY 285 WEST DUNDEE ROAD PALATINE, IL 60067
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D VIHLEN, SID 200 N. PARK AVE., SUITE 200 SANFORD, FL 32771
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D LECLAIRE, CORINNE 3424 S. ATLANTIC AVENUE DAYTONA BEACH SHORES, FL 32118
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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IN THIS SPACE**

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-27-08

847991 4400