


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 18, 2008 8:00 am
Secretary of State

03-18-2008 90010 029 ****61.25

DOCUMENT # N06000004765 1. Entity Name DANIA WOODS HOMEOWNERS ASSOCIATION INC.					
Principal Place of Business 404 S.E. 7TH STREET DANIA BEACH, FL 33004			Mailing Address 404 S.E. 7TH STREET DANIA BEACH, FL 33004		
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		
6. Name and Address of Current Registered Agent MAZZETTA, MARY JO 404 S.E. 7TH STREET DANIA BEACH, FL 33004				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	T <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MAZZETTA, MARY JO		NAME		
STREET ADDRESS	404 S.E. 7TH STREET		STREET ADDRESS		
CITY-ST-ZIP	DANIA BEACH, FL 33004		CITY-ST-ZIP		
TITLE	P <input checked="" type="checkbox"/> Delete		TITLE	P T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	ZUKER, LINDA		NAME	MARY JO MAZZETTA	
STREET ADDRESS	406 S.E. 7TH STREET		STREET ADDRESS	404 SE 7th ST.	
CITY-ST-ZIP	DANIA BEACH, FL 33004		CITY-ST-ZIP	DANIA, FL 33004	
TITLE	VP <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	UNGER, MELISSA		NAME		
STREET ADDRESS	402 S.E. 7TH STREET		STREET ADDRESS		
CITY-ST-ZIP	DANIA BEACH, FL 33004		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: <i>Mary Jo Mazzetta</i>			SIGNATURE: <i>Mary Jo Mazzetta</i>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		
<small>DATE</small>			<small>DATE</small>		
<small>Daytime Phone #</small>			<small>Daytime Phone #</small>		

292-0680