## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N07000006680

FILED Apr 28, 2009 Secretary of State

Entity Name: DANIELS INDUSTRIAL CONDOMINIUM ASSOCIATION, INC. **Current Principal Place of Business: New Principal Place of Business:** 6820 LYNN TECH., CIR 100 6820 LYONS TECH CIR #100 POMPANO BEACH, FL 33073 POMPANO BEACH, FL 33073 **Current Mailing Address: New Mailing Address:** 6820 LYONS TECH CIR #100 6820 LYNN TECH., CIR 100 STE 100 POMPANO BEACH, FL 33073 POMPANO BEACH, FL 33073 FEI Number: 26-1136626 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of New Registered Agent: Name and Address of Current Registered Agent: BUTTERS, MALCOLM BUTTERS, MALCOLM 6820 LYNNS TECH., CIR 6820 LYONS TECH CIR #100 STE 100 STE 100 POMPANO BEACH, FL 33073 US POMPANO BEACH, FL 33073 US 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: 04/28/2009 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition BUTTERS, MALCOLM Name: Name: 6820 LYONS TECH., CIR STE 100 Address: Address: City-St-Zip: POMPANO BEACH, FL 33073 City-St-Zip: Title: VPD () Delete Title: () Change () Addition Name: LEDER, JOSHUA Name: Address: 6820 LYONS TECH., CIR STE 100 Address: City-St-Zip: POMPANO BEACH, FL 33073 City-St-Zip: Title: STD () Delete Title: () Change () Addition LAPIDUS, JEFF Name: Name: 6820 LYONS TECH., CIR STE 100 Address: Address: City-St-Zip: POMPANO BEACH, FL 33073 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: MALCOLM BUTTERS PD 04/28/2009