

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 04, 2005 8:00 am
Secretary of State

03-04-2005 90091 003 ****61.25

DOCUMENT # N07990 1. Entity Name DANAH COURT CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business % CENTURY 21 SUNBELT REALTY 506 SW 47TH TERRACE CAPE CORAL, FL 33914			Mailing Address % CENTURY 21 SUNBELT REALTY 506 SW 47TH TERRACE CAPE CORAL, FL 33914		
2. Principal Place of Business		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			7. Name and Address of New Registered Agent		
DRIEKY, BEVERLY 0-21 SUNBELT REALTY 506 SW 47TH TERR CAPE CORAL, FL 33914			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 <u>BEVERLY DRIEKA</u>		(NOTE: Registered Agent signature required when reinstating)		DATE <u>2/17/05</u>	
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. ☐		\$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 NAME STREET ADDRESS CITY-ST-ZIP	PD YAGIELLO, JUDY 1113 CAPE CORAL PKWY CAPE CORAL, FL 33904	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JUDY YAGIELLO 1113 CAPE CORAL PKWY W CAPE CORAL, FL 33914
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SDT GRUCA, DOROTHY 826 SE 46TH LANE CAPE CORAL, FL 33904	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SDT DOROTHY GRUCA 60 FOX HILL RD FLETCHER, NC 28732
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD L'HEMREUT, LEE 79 DAVIS AVE AUBURN, ME 04210	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	LEE L'HEMREUT 79 DAVIS AVE AUBURN, ME 04210
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DAL DIRECTOR AT LG. ANTONIA CALZONE 8123 COLLETTE CT. OLLAND PARK, IL 60462
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR AT LG. JOANNE ROTUNDO 12 CREEST CT BROOKLYN, NY 11229
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <u>Judy Yagiello</u>			Date <u>2-17-05</u>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone #		