

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 07, 2006 8:00 am
Secretary of State

03-07-2006 90002 011 ****61.25

DOCUMENT # N12111					
1. Entity Name DAHLIA AT PLANTATION HOMEOWNERS' ASSOCIATION, INC.					
Principal Place of Business % LANDMARK MANAGEMENT SERVICES, INC. 12323 SW 55TH ST., STE 1002 COOPER CITY, FL 33330			Mailing Address % LANDMARK MANAGEMENT SERVICES, INC. 12323 SW 55TH ST., STE 1002 COOPER CITY, FL 33330		
2. Principal Place of Business % Landmark Mgt Services Suite, Apt. #, etc. 1941 NW 150 Avenue City & State Pembroke Pines, FL Zip 33028		3. Mailing Address % Landmark Mgt Services Suite, Apt. #, etc. 1941 NW 150 Ave City & State Pembroke Pines, FL Zip 33028			
4. FEI Number 59-2645411				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CHADROW BROUGH, GHADRON & LEVINE, P.A. GLOBAL COMMERCE CENTER 1900 NORTH COMMERCE PKWY WESTON, FL 33326			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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2006		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 DP NAME GLOVER, DEBORAH STREET ADDRESS 594 N. UNIVERSITY DR. CITY-ST-ZIP PLANTATION, FL 33324	<input checked="" type="checkbox"/> Delete		TITLE DP NAME Gideon Gay STREET ADDRESS 7906 NW 7 Ct. CITY-ST-ZIP Plantation, FL 33324	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE DS NAME TAYLOR, SCOTT STREET ADDRESS 7920 NW 7 COURT CITY-ST-ZIP PLANTATION, FL 33324	<input checked="" type="checkbox"/> Delete		TITLE DS NAME Elizabeth Sharp STREET ADDRESS 612 N. University Dr. CITY-ST-ZIP Plantation, FL 33324	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE DVP NAME WILLIAMS, MICHAEL STREET ADDRESS 604 N UNIVERSITY DR. CITY-ST-ZIP PLANTATION, FL	<input type="checkbox"/> Delete		TITLE DT NAME Shawn O'Brien STREET ADDRESS 544 N. University Dr. CITY-ST-ZIP Plantation, FL 33324	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE DT NAME MENCH, STEVEN STREET ADDRESS 592 N. UNIVERSITY DR. CITY-ST-ZIP PLANTATION, FL 33324	<input checked="" type="checkbox"/> Delete		TITLE D NAME Anthony Favarolo STREET ADDRESS 7919 NW 7 Ct. CITY-ST-ZIP Plantation, FL 33324	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE D NAME ELLIOT, JENNIFER STREET ADDRESS 652 N. UNIVERSITY DR. CITY-ST-ZIP PLANTATION, FL 33324	<input checked="" type="checkbox"/> Delete		TITLE DT NAME Shawn O'Brien STREET ADDRESS 544 N. University Dr. CITY-ST-ZIP Plantation, FL 33324	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE DT NAME MENCH, STEVEN STREET ADDRESS 592 N. UNIVERSITY DR. CITY-ST-ZIP PLANTATION, FL 33324	<input checked="" type="checkbox"/> Delete		TITLE D NAME Anthony Favarolo STREET ADDRESS 7919 NW 7 Ct. CITY-ST-ZIP Plantation, FL 33324	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE D NAME ELLIOT, JENNIFER STREET ADDRESS 652 N. UNIVERSITY DR. CITY-ST-ZIP PLANTATION, FL 33324	<input checked="" type="checkbox"/> Delete		TITLE DT NAME Shawn O'Brien STREET ADDRESS 544 N. University Dr. CITY-ST-ZIP Plantation, FL 33324	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
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: _____ 2/25/06 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					