

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N18477** (2)

1. Corporation Name

DANIA CIVIC ASSOCIATION, INC.



Principal Place of Business

**313 SE 3 PLACE
DANIA FL 33004
US**

Mailing Address

**313 SE 3 PL
DANIA FL 33004
US**

3. Date Incorporated or Qualified
12/29/1986

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

21 SAME

2a. Mailing Address

26 SAME

4. FEI Number

65-0121031

Applied For
Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

Suite, Apt. #, etc.

22

City & State

23

Zip

24

Country

25

Suite, Apt. #, etc.

27

City & State

28

Zip

29

Country

30

9. Name and Address of Current Registered Agent

**STEVENS, ANTHONY
313 SE 3 PL
DANIA FL 33004**

10. Name and Address of New Registered Agent

81 Name

SAME

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE ANTHONY STEVENS

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

(NOT E: Registered Agent signature required when reinstating)

4-27-96

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE
NAME **USIFER, JUDY**
STREET ADDRESS **205 SE 4 TERRACE**
CITY-ST-ZIP **DANIA FL**

TITLE **TD** ☐ DELETE
NAME **LEONARD, CRAIG**
STREET ADDRESS **345 NE 3RD AVE**
CITY-ST-ZIP **DANIA FL**

TITLE **PD** ☐ DELETE
NAME **STEVENS, ANTHONY**
STREET ADDRESS **313 SE 3 PL**
CITY-ST-ZIP **DANIA FL**

TITLE **VD** ☒ DELETE
NAME **GARROLL, VINCENT** DECEASED
STREET ADDRESS **205 SE 3 AVE**
CITY-ST-ZIP **DANIA FL**

TITLE **SD** ☒ DELETE
NAME **BARRETT, MARY**
STREET ADDRESS **141 SE 3 AVE**
CITY-ST-ZIP **DANIA FL**

TITLE **D** ☐ DELETE
NAME **PHELAN, LARRY**
STREET ADDRESS **106 NE 2ND AVE.**
CITY-ST-ZIP **DANIA FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **VD** ☐ Change ☒ Addition
1.2 NAME **VITO MARCHINO**
1.3 STREET ADDRESS **314 SE 10 ST.**
1.4 CITY-ST-ZIP **DANIA, FL 33004**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Anthony Stevens

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-27-96

Date

922-4989

Daytime Phone #

CR2E037 (12/95)