


**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 02, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N19790</b> 1. Entity Name <b>DINNER KEY ANCHORAGE ASSOCIATION, INC.</b>	
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<b>Principal Place of Business</b> PO BOX 331703 5520 SW 80 ST., MIAMI, FL 33233-1703	<b>Mailing Address</b> PO BOX 331703 5520 SW 80 ST., MIAMI, FL 33233-1703
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**DO NOT WRITE IN THIS SPACE**



04292005 No Chg-NP CR2E037 (10/03)

<b>4. FEI Number</b> 59-2812792	<b>Applied For</b> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

**6. Name and Address of Current Registered Agent**

MODY, RENU N.  
1717 N. BAYSHORE DR.  
APT. 2234  
MIAMI, FL 33132

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IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2005**

**9. Election Campaign Financing**  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

U00000355433  
05/03/05 80148 803 61.25

**10. OFFICERS AND DIRECTORS**

<b>TITLE</b>	PD
<b>NAME</b>	BRICKER, DAVID
<b>STREET ADDRESS</b>	3400 PAN AMERICAN DR.
<b>CITY-ST-ZIP</b>	MIAMI, FL
<b>TITLE</b>	SD
<b>NAME</b>	MOLINARI, DIANA
<b>STREET ADDRESS</b>	P O BOX 331703
<b>CITY-ST-ZIP</b>	MIAMI, FL 33233
<b>TITLE</b>	VD
<b>NAME</b>	BECKLEY, JOHN F
<b>STREET ADDRESS</b>	P O BOX 331379
<b>CITY-ST-ZIP</b>	MIAMI, FL 33233
<b>TITLE</b>	TD
<b>NAME</b>	KRASKIN, MADELINE S
<b>STREET ADDRESS</b>	P O BOX 331703
<b>CITY-ST-ZIP</b>	MIAMI, FL 33233
<b>TITLE</b>	D
<b>NAME</b>	MANSHAW, JOHN
<b>STREET ADDRESS</b>	P O BOX 331703
<b>CITY-ST-ZIP</b>	MIAMI, FL 33233
<b>TITLE</b>	D
<b>NAME</b>	DUCHAUINE, HELENE
<b>STREET ADDRESS</b>	P O BOX 331219
<b>CITY-ST-ZIP</b>	MIAMI, FL 33233

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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:** *Theresa B. White* *Diana Roberts Molinari* *4/29/05* *305-794-4234*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #