

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N19790

FILED  
Apr 27, 2007  
Secretary of State

Entity Name: DINNER KEY ANCHORAGE ASSOCIATION, INC.

**Current Principal Place of Business:**

PO BOX 331703  
5520 SW 80 ST.,  
MIAMI, FL 332331703

**New Principal Place of Business:**

5520 SW 80 ST.  
MIAMI, FL 332331703

**Current Mailing Address:**

PO BOX 331703  
5520 SW 80 ST.,  
MIAMI, FL 332331703

**New Mailing Address:**

FEI Number: 59-2812792      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: BRICKER, DAVID  
Address: 3400 PAN AMERICAN DR.  
City-St-Zip: MIAMI, FL

Title: SD ( ) Delete  
Name: MOLINARI, DIANA  
Address: P O BOX 331703  
City-St-Zip: MIAMI, FL 33233

Title: VD ( ) Delete  
Name: BECKLEY, JOHN F  
Address: P O BOX 331379  
City-St-Zip: MIAMI, FL 33233

Title: TD ( ) Delete  
Name: KRASKIN, MADELINE S  
Address: P O BOX 331703  
City-St-Zip: MIAMI, FL 33233

Title: D ( ) Delete  
Name: MANSHAW, JOHN  
Address: P O BOX 331703  
City-St-Zip: MIAMI, FL 33233

Title: D ( ) Delete  
Name: DUCHAINE, HELENE  
Address: P O BOX 331219  
City-St-Zip: MIAMI, FL 33233

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
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: DIANA ROBERTS MOLINARI

SD

04/27/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date