

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N19790

FILED
Apr 08, 2009
Secretary of State

Entity Name: DINNER KEY ANCHORAGE ASSOCIATION, INC.

Current Principal Place of Business:

5520 SW 80 ST.
MIAMI, FL 332331703

New Principal Place of Business:

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
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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 MOLINARI

SD

04/08/2009

Electronic Signature of Signing Officer or Director

Date