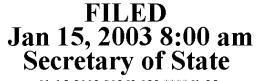
2003 NOT-FOR-PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR) DOCUMENT # N19790 DINNER KEY ANCHORAGE ASSOCIATION, INC.



01-15-2003 90263 023 ****61.25

					NE TREE					
Principal Place of Business			Mailing Address							
PO BOX 331703 5520 SW 80 ST., MIAMI FL 33233-1703		5520 8	PO BOX 331703 5520 SW 80 ST., MIAMI FL 33233-1703			90002977				
2. Principal Place of Business		3. Ma	3. Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES				
City & State			City & State			4. FEI Number 59-2812792 Applied For				
5			only a state			Not Applicable				
Zip Country			Ď .	Coun	try	5. Certificate of Status Desired 5. Fee Required				
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent					
					Name					
Mody, renu n. 1717 n. Bayshore dr.					Street Address (P.O. Box Number is Not Acceptable)				
APT. 2234						,				
MIAMI FL 33132			City				FL	Zip Cod	е	
8. The above	named entity submits this statemen	nt for the purp	ose of changing its	registered	office or register	red agent, or both, in	the State of Florida. I am	familiar with,	and accept	
the obligat	tions of registered agent.									
SIGNATURE										
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE										
FILE NOW: FEE IS \$61.25			9. Election Campaign Fir Trust Fund Contributio			\$5.00 May Be Added to Fees	Make Chec Florida Depar			
10.	OFFICERS AND	DIRECTORS		11.		ADDITIONS/CHANGE	ES TO OFFICERS AND DI	RECTORS IN	I 10	
TITLE	PD		☐ Delete	TITLE				☐ Change	Addition	
NAME	BRICKER, DAVID			NAME						
STREET ADDRESS	3400 PAN AMERICAN DR.				ADDRESS					
CITY-ST-ZIP	MIAMI FL SD			CITY-S	T-ZIP	****				
TITLE NAME	MOLINARI, DIANA		☐ Delete	TITLE				☐ Change	☐ Addition	
STREET ADDRESS -	P O BOX-331703			NAME STREET	ADDRESS	- معمول دارد و المعاول الم				
CITY-ST-ZIP	MIAMI FL 33233			CITY-S	-				,	
TITLE	VD .		☐ Delete	TITLE		•		☐ Change	Addition	
NAME	BECKLEY, JOHN F			NAME						
	P O BOX 331379				ADDRESS					
CITY-ST-ZIP	MIAMI FL 33233			CITY-S	I-ZIP	•				
TITLE NAME	TD Kraskin, madeline s		☐ Delete	TITLE				Change	Addition	
	P O BOX 331703			NAME STREET	ADDRESS					
CITY-ST-ZIP	MIAMI FL 33233			CITY-S						
TITLE	D		☐ Delete	TITLE				☐ Change	Addition	
NAME	MANSHAW, JOHN			NAME -	,					
STREET ADDRESS	P O BOX 331703				ADDRESS				}	
CITY-ST-ZIP	MIAMI FL 33233		, <u>"</u>	CITY-ST	- ZIP					
TITLE	D DIGUNANT UPLENE		☐ Delete	TITLE				Change	☐ Addition	
NAME STREET ADDRESS	DUCHAINE, HELENE			NAME	ADDRESS				Ì	
CITY-ST-ZIP	P O BOX 331219			STREET CITY+ST	ADDRESS 1. 710					
	MIAMI FL 33233			013.2	- CH		,			

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: