2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N93000001801 1. Entity Name DANIA CHATEAU DE VILLE CONDOMINIUM





Feb 16, 2006 8:00 am
Secretary of State
02-16-2006 90057 023 ****61 25

EII ED

	TION, INC.								
Principal Place of Business 7071 W COMMERCIAL BLVD STE 2B TAMARAC, FL 33319		Mailing Address 7071 W COMMERCIAL BLVD STE 2B TAMARAC, FL 33319 US			: 400°	Idons			,
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			01092006	Chg-NP	CR2E03	7 (11/05)	
City & State		City & State			4. FEI Number 65-04737	791		<u> </u>	pplied For ot Applicable
Zip	Country	Zip	Country		5. Certificate of	Status Desired		\$8.75 Ad Fee Require	ditional ed
6. Name and Address of Current Registered Agent					7. Name and A	ddress of New F	Registered A	\gent	
SUNRAE	MANAGEMENT SERVICES, II	NC	Name					<u> </u>	
7071 W C	OMMERCIAL BLVD STE 2B C, FL 33319		Street A	ddress (F	O. Box Number i	s Not Acceptabl	e)		
	•								
			City		. *		FL	Zip Cod	de
	named entity submits this statement for	or the purpose of changing its re	egistered office or	r registere	ed agent, or both,	in the State of FI		amiliar with	, and accept
the obligat	tions of registered agent.	•					•		
SIGNATURE									
SIGNATIONE	Signature, typed or printed name of registered agent	t and title if applicable. " , (NQTE: F	Registered Agent signatu	ure required	when reinstating)		DATE.		
: -	Filing Fee is \$61.25	9. Election Camp	paign Financing		\$5.00 May Be	* N	lake check	payable (to San
	Filing Fee is \$61.25 Due by May 1, 2006	9. Election Camp Trust Fund Co	paign Financing ntribution.		\$5.00 May Be Added to Fees		lake check rida Depart		
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10. TITLE NAME	OFFICERS AND DI PD ORTIZ, AIDA	Trust Fund Co	11. TITLE NAME	LJ	Added to Fees	Flo	rida Depart	RECTORS IN	N 10
10.	OFFICERS AND DI	Trust Fund Co	ntribution. 11. TITLE	LJ	Added to Fees	Flo	rida Depart	RECTORS IN	N 10
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTS