FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N9300003590 (7)

DANIA HISTORIC ANTIQUE DISTRICT ASSOCIATION, INC

•							
Principal Place of Business Mailing Address			· · - · · - ·		- I HADIIROT BYD JOHAD WITH DOWN DDWI BOWN BOWN DINGS DINGS BUND HAND DERR HOLD		
19 N FEDERAL HWY DANIA FL 33004		P.O. BOX 845 Dania FL 33004-0845 US			3. Date Incorporated or Qualified 08/09/1993		
		03			4. FEI Number	Applied For	
9 Dringings	Clone of Business	On Adelline Address			65-0435341	Not Applicable	
2. Principal Place of Business		2a. Mailing Address	— ·		5. Certificate of Status Desired	\$8.75 Additional	
Suite, Ap	rt. #, etc.	Suite, Apt. #, etc.			6. Election Campaign Financing	Fee Required \$5.00 May Be	
22		27	— — · · · · · · · · · · · · · · · · · ·			Added to Fees	
City & State		City & State	City & State		7. Is this nonprofit corporation a homeowners association?		
23		28	,				
Zip	Country	Zip	Country	•	8. This corporation owes or has paid the current year Intangible		
24	25 9. Name and Address of Cu	rrent Registered Agent	30		Personal Property Tax due June 30 10. Name and Address of New Regis		
			81	Name		TOTO IN THE STATE OF THE STATE	
LEHMA	n, richard		62	Ctroot Ad	Idroop (D.O. Boy Number in Not Assentable)		
3 N FEDERAL HWY			02	Street Au	dress (P.O. Box Number is Not Acceptable)		
DANIA FL 33004			83				
			84	City		85 Zip Code	
11. Pureuen	t to the provisions of Sections 617	0502 and 617 1508 Florida Statu	tec the show	namad aa	prporation submits this statement for the purp	FL 69 Zip Gode	
office or	registered agent, or both, in the S	tate of Florida. Such change was	authorized by	the corpor	ration's board of directors. I hereby accept the	ne appointment as registered	
SIGNATURE		ingations of, Section 617.0503, FI	orida Statutes	š.	2	126/92	
	Signature, typed or printed name of registere	d agent and title if applicable. (NO)	TE: Registered Age	nt signature req	quired when reinstating)	DATE	
12.	T _	AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICER		
TITLE	D ELETE		1.1 TITLE			☐ Change ☐ Addition	
NAME OTDEET ADDRESS	GOLDTZMAN, LINDA NORTH FEDERAL HIGH	MATAV	1.2 NAME				
STREET ADDRESS CITY-ST-ZIP	DANIA FL 33004	WAI	1.3 STREET				
TITLE	D	DELETÉ	1.4 CITY-ST-ZIP			Change Addition	
NAME	LEHMAN, RICHARD		2.2 NAME				
STREET ADDRESS	A 44		2.3 STREET	ADDRESS	×41	5.	
CITY-ST-ZIP	DANIA FL		2. 4 CITY - S	IT-ZIP			
TITLE	D DELETE		3.1 TITLE			Change Addition	
NAME	KOSSOW, GOLDIE		3.2 NAME				
STREET ADDRESS			3.3 STREET				
CITY-ST-ZIP TITLE	DANIA FL 33004	DELETE	3.4. CITY - S 4.1 TITLE	T-ZIP		Change Addition	
NAME	Phylyss Beaudi 56 N. Federal	2+	4.2 NAME	Ì		E cumile	
STREET ADDRESS	56 N. Federal	Hwy	4.3 STREET	ADDRESS			
CITY-ST-ZIP	Dania FG 33	004	4.4 CITY-S				
TITLE	Dania FC 330 Carol Christ 26 N. Federal Dania F 330	DELETE	5.1 TITLE	···		Change Addition	
NAME	Carol CHRIST	-morge	5.2 NAME				
STREET ADDRESS	26 N. Federal	Holy	5.3 STREET	ADDRESS			
CITY-ST-ZIP	Davia F 330	<i>by</i>	5.4 CITY-\$1	r- ZiP		,,	
TITLE		☐ DELETE	6.1 TITLE			Change Addition	
NAME			6.2 NAME				
STREET ADDRESS	1		R 3 CTREET	ADDDECC I			

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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

OLONATURE /

CITY-ST-ZIP

1/2-/00

FILED

Mar 05 1998 8:00am

Secretary of State