

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # N95000003962 (6)**

1. Corporation Name

**DISTRICT II COMMUNITY COUNCIL INC.**



Principal Place of Business

Mailing Address

**100 WEST DANIA BEACH BOULEVARD  
DANIA FL 33004**

**POST OFFICE BOX 1164  
DANIA FL 33004**

3. Date Incorporated or Qualified  
**08/17/1995**

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**DALY, GLORIA  
800 NORTH WEST 8TH STREET  
DANIA FL 33004**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D** ☐ DELETE  
NAME **DALY, GLORIA**  
STREET ADDRESS **800 NORTH WEST 8TH STREET**  
CITY-ST-ZIP **DANIA FL 33004**

1.1 TITLE **D** ☐ Change ☒ Addition  
1.2 NAME **ROBERT W. SANDS**  
1.3 STREET ADDRESS **4650 SW 30th Ave**  
1.4 CITY-ST-ZIP **FT LAUDERDALE FL 33312**

TITLE **D** ☐ DELETE  
NAME **SILVERNALE, JUNE**  
STREET ADDRESS **275 SOUTH WEST 9TH STREET**  
CITY-ST-ZIP **DANIA FL 33004**

2.1 TITLE **T** ☐ Change ☒ Addition  
2.2 NAME **JASON B. DUBOW**  
2.3 STREET ADDRESS **216 N. Fed. Hwy**  
2.4 CITY-ST-ZIP **DANIA FL 33004**

TITLE **S** ☐ DELETE  
NAME **MITCHELL, A. MERITA**  
STREET ADDRESS **710 SOUTH WEST 2ND TERRACE**  
CITY-ST-ZIP **DANIA FL 33004**

3.1 TITLE **D** ☐ Change ☒ Addition  
3.2 NAME **KASHMIR FELIX**  
3.3 STREET ADDRESS **54 SW 13 St**  
3.4 CITY-ST-ZIP **DANIA FL 33004**

TITLE **T** ☒ DELETE  
NAME **YAGMAN, DAN**  
STREET ADDRESS **126 SOUTH WEST 1ST AVENUE**  
CITY-ST-ZIP **DANIA FL 33004**

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE  
NAME **BUSCHSBAUM, ALEX**  
STREET ADDRESS **2300 GRIFFIN ROAD, #156**  
CITY-ST-ZIP **DANIA FL 33004**

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE  
NAME **MYERS, GREG**  
STREET ADDRESS **601 SOUTH WEST 1ST STREET**  
CITY-ST-ZIP **DANIA FL 33004**

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

*Jason Dubow*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**JASON DUBOW**

**2/8/96**

Date

**954 925 8228**

Daytime Phone #

CR2E037 (12/95)