


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 12, 2007 8:00 am**  
**Secretary of State**

04-12-2007 90048 037 \*\*\*\*70.00

**DOCUMENT # N00000004239**

1. Entity Name  
**THE CASEMENTS GUILD FOR THE CITY OF ORMOND BEACH, INC.**



Principal Place of Business      Mailing Address

25 RIVERSIDE DR.  
 ORMOND BCH FL 32176      25 RIVERSIDE DR.  
 ORMOND BCH FL 32176



2. Principal Place of Business - No P.O. Box #      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

1st MOORE      CR2E037 (10/06)

City & State      City & State

4. FEI Number      Applied For

**59-3658422**      Not Applicable

Zip      Country      Zip      Country

5. Certificate of Status Desired       \$8.75 Additional Fee Required

**6. Name and Address of Current Registered Agent**

**HAYES, RANDAL A ESQ.**  
**173 S. BEACH ST.**  
**ORMOND BCH FL 32174**

**7. Name and Address of New Registered Agent**

Name

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

City      **FL**      Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when registering) DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2007**

9. Election Campaign Financing Trust Fund Contribution:  **\$5.00** May Be Added to Fees

**Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P/D JOHNSON, PATRICIA 4 WATER OAK CIRCLE ORMOND BEACH FL 32176 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	1VP HALSEY, ARLENE 1 JHON ANDERSON DR #501 ORMOND BEACH FL 32176 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD DUFFNEY, MARGARET 1 JOHN ANDERSON DR ORMOND BEACH FL 32176 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD BROADA, JERVIS 9 RISING MOON TR ORMOND BEACH FL 32174 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	2VP WHITE, JOYCE 87 NICHOLAS CT ORMOND BEACH FL 32126 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P/D Duffney MARGARET 1 John Anderson Drive ORMOND BEACH, FL 32176 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD Hopper, Frances 1 John Anderson Drive ORMOND BEACH, FL. 32176 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD Jarvis, Brenda 8 RISING MOON TRAIL ORMOND BEACH, FL 32174 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: James Nopper      Date: April 4, 2007      Daytime Phone #: 386-615-9451

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR