

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000004239

FILED
Feb 18, 2009
Secretary of State

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

Current Principal Place of Business:

25 RIVERSIDE DR.
ORMOND BCH, FL 32176

New Principal Place of Business:

Current Mailing Address:

25 RIVERSIDE DR.
ORMOND BCH, FL 32176

New Mailing Address:

FEI Number: 59-3658422 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: P/D () Delete
Name: HALSEY, ARLENE
Address: 1 JOHN ANDERSON DR #501
City-St-Zip: ORMOND BEACH, FL 32176

Title: 1VPD () Delete
Name: AKAM, ROBERT
Address: 26 SILVER FOX TRAIL
City-St-Zip: ORMOND BEACH, FL 32174

Title: TD () Delete
Name: HOPPER, FRANCES
Address: 1 JOHN ANDERSON DR
City-St-Zip: ORMOND BEACH, FL 32176

Title: SD () Delete
Name: SYLVESTER, DAR
Address: 2790 TOLER AVE
City-St-Zip: DELAND, FL 32724

Title: 2VPD () Delete
Name: LOWRY, PHYLLIS
Address: 1361 SUNNING DALE
City-St-Zip: ORMOND BEACH, FL 32174

Title: D () Delete
Name: SCHNEIDER, NAN
Address: 104 RAY MAR DRIVE
City-St-Zip: ORMOND BEACH, FL 32176

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: TD (X) Change () Addition
Name: SCHNEIDER, NAN
Address: 104 RAY MAR DR
City-St-Zip: ORMOND BEACH, FL 32176

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: GS/D (X) Change () Addition
Name: BLANCHARD, BEVERLY
Address: 1510 N. BEACH ST.
City-St-Zip: ORMOND BEACH, FL 32174

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NAN SCHNEIDER

_____ Electronic Signature of Signing Officer or Director

TREA

02/18/2009

_____ Date