## 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N00928

Title:

Name:

Address:

City-St-Zip:

Apr 25, 2002 8:00 AM Secretary of State

Entity Name: 1301 BEVILLE ROAD PROFESSIONAL PLAZA CONDOMINIUMASSOCIATION, INC.

**Current Principal Place of Business: New Principal Place of Business:** 1301 BEVILLE ROAD DAYTONA BEACH, FL 32119 **Current Mailing Address: New Mailing Address:** 152 RIDGEWOOD AVE HOLLY HILL, FL 32117 US FEI Number: 59-2909249 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: TUTERA, ANNETTA CAM ALL FLORIDA REALTY SERVICES, INC. 152 RIDGEWOOD AVENUE ALL FLORIDA REALTY SERVICES, INC. 152 RIDGEWOOD AVE HOLLY HILL, FL 32117 HOLLY HILL, FL 32117 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: MARISA A. RAINS 04/25/2002 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: DP (X) Change ( ) Addition () Delete HASTINGS, MARY LYNN HASTINGS, MARY LYNN Name: Name: 1301 BEVILLE RD. #20 Address: 1301 BEVILLE RD. #21 Address: City-St-Zip: DAYTONA BEACH, FL 32119 City-St-Zip: DAYTONA BEACH, FL 32119 Title: DVP () Delete Title: (X) Change ( ) Addition BAXTER, AARON Name: BAXTER, AARON Name: Address: 1301 BEVILLE RD #1 Address: 1301 BEVILLE RD #1 City-St-Zip: DAYTONA BEACH, FL 32119 City-St-Zip: DAYTONA BEACH, FL 32119 Title: STD () Delete Title: STD (X) Change ( ) Addition SCOTT, JAMES JAMES, DENISE Name: Name: 1301 BEVILLE RD #6 1301 BEVILLE RD #18 Address: Address: City-St-Zip: DAYTONA BEACH, FL 32119 City-St-Zip: DAYTONA BEACH, FL 32119 ( ) Change (X) Addition Title: () Delete Title: Name: Name: ALLEN, DAN Address: Address: 1301 BEVILLE ROAD #20 City-St-Zip: City-St-Zip: DAYTONA BEACH, FL 32119

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: MARY LYNN HASTINGS PD 04/25/2002

() Delete

( ) Change (X) Addition

WINDLE, CLIFFORD

PORT ORANGE, FL 32119

6 TALO CIRCLE