


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2005 8:00 am
Secretary of State

03-14-2005 90119 023 ****61.25

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DOCUMENT # N00928			
1. Entity Name 1301 BEVILLE ROAD PROFESSIONAL PLAZA CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business 1301 BEVILLE ROAD DAYTONA BEACH, FL 32119		Mailing Address 152 RIDGEWOOD AVE HOLLY HILL, FL 32117 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip		Zip	
Country		Country	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
ALL FLORIDA REALTY SERVICES, INC. 152 RIDGEWOOD AVENUE HOLLY HILL, FL 32117		Name MARY LYNN HASTINGS Street Address (P.O. Box Number is Not Acceptable) 1301 BEVILLE ROAD, #21 City DAYTONA BEACH FL Zip Code 32119	
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		DATE	
MARY LYNN HASTINGS, TREASURER <small>Signature, typed or printed name of registered agent and title if applicable.</small>		3/7/05 <small>(NOTE: Registered Agent signature required when reinstating)</small>	
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	SD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DENISE, JAMES	NAME	
STREET ADDRESS	1301 BEVILLE ROAD #18	STREET ADDRESS	
CITY-ST-ZIP	DAYTONA BEACH, FL 32119	CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HASTINGS, MARY LYNN	NAME	
STREET ADDRESS	1301 BEVILLE ROAD #21	STREET ADDRESS	
CITY-ST-ZIP	DAYTONA BEACH, FL 32119	CITY-ST-ZIP	
TITLE	STD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JAMES, DENISE	NAME	
STREET ADDRESS	1301 BEVILLE RD #18	STREET ADDRESS	
CITY-ST-ZIP	DAYTONA BEACH, FL 32119	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALLEN, DAN	NAME	
STREET ADDRESS	1301 BEVILLE ROAD #20	STREET ADDRESS	
CITY-ST-ZIP	DAYTONA BEACH, FL 32119	CITY-ST-ZIP	
TITLE	VPD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JAMES, SCOTT	NAME	
STREET ADDRESS	1301 BEVILLE ROAD #6	STREET ADDRESS	
CITY-ST-ZIP	DAYTONA BEACH, FL 32119	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	PRESIDENT / DIRECTOR
STREET ADDRESS		STREET ADDRESS	AARON BAXTER
CITY-ST-ZIP		CITY-ST-ZIP	1301 BEVILLE ROAD, # 1 DAYTONA BEACH, FL 32119
12. 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 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		Date	
MARY LYNN HASTINGS <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		*3-10-05 (384) 788 4338 <small>Date Daytime Phone #</small>	