

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 11, 2002 8:00 am**  
**Secretary of State**

04-11-2002 90049 047 \*\*\*\*61.25

**DOCUMENT # N10530**

1. Entity Name

**HALIFAX PLANTATION PHASE I HOMEOWNER'S ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

**1166 PELICAN BAY DRIVE  
 DAYTONA BEACH FL 32119  
 US**

**1166 PELICAN BAY DRIVE  
 DAYTONA BEACH FL 32119  
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-2660557**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BARKIN, MICHLE NELSON  
 1166 PELICAN BAY DRIVE  
 DAYTONA BEACH FL 32119**

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing  
 Trust Fund Contribution. ☐

**\$5.00 May Be  
 Added to Fees**

**Make Check Payable to  
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>DR</b>	<input type="checkbox"/> Delete
NAME	<b>MCMOIL, WILLIAM</b>	
STREET ADDRESS	<b>1460 PECOS DR</b>	
CITY-ST-ZIP	<b>ORMOND BEACH FL</b>	
TITLE	<b>VD</b>	<input type="checkbox"/> Delete
NAME	<b>MATTHEW, WITTWER</b>	
STREET ADDRESS	<b>108 POWELL BLVD</b>	
CITY-ST-ZIP	<b>DAYTONA BCH FL 32114</b>	
TITLE	<b>S</b>	<input type="checkbox"/> Delete
NAME	<b>TRIAS, WILMA</b>	
STREET ADDRESS	<b>3919 HANO COURT</b>	
CITY-ST-ZIP	<b>ORMOND BEACH FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>PAPA, JUDY</b>	
STREET ADDRESS	<b>4152 SANORA</b>	
CITY-ST-ZIP	<b>ORMOND BCH FL 32174</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>VOIGHT, DIANE</b>	
STREET ADDRESS	<b>4037 ALOMA</b>	
CITY-ST-ZIP	<b>ORMOND BCH FL 32174</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Jones, Bob</b>	
STREET ADDRESS	<b>4620 Acoma</b>	
CITY-ST-ZIP	<b>Ormond Bch, FL 32174</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Poirier, Nancy</b>	
STREET ADDRESS	<b>3928 Cree Dr.</b>	
CITY-ST-ZIP	<b>Ormond Bch, FL 32174</b>	
TITLE	<b>P/D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Schoonmaker, Michael</b>	
STREET ADDRESS	<b>1300 MANDAN LN.</b>	
CITY-ST-ZIP	<b>ORMOND BEACH, FL 32174</b>	
TITLE	<b>T/D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Gross, Elliott</b>	
STREET ADDRESS	<b>3913 HANO Ct.</b>	
CITY-ST-ZIP	<b>Ormond Bch, FL 32174</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:**

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0001420

CR2E037 (9/01)