

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N10530

**FILED**  
**Feb 17, 2011**  
**Secretary of State**

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

**Current Principal Place of Business:**

1190 PELICAN BAY DRIVE  
DAYTONA BEACH, FL 32119 US

**New Principal Place of Business:**

**Current Mailing Address:**

1190 PELICAN BAY DRIVE  
DAYTONA BEACH, FL 32119 US

**New Mailing Address:**

**FEI Number:** 59-2660557

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BARKIN, MICHELE NELSON  
1190 PELICAN BAY DRIVE  
DAYTONA BEACH, FL 32119 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: D  
Name: MEDINA, PRISCILLA  
Address: 1464 PECOS DRIVE  
City-St-Zip: ORMOND BEACH, FL 32174

Title: DT  
Name: TORRES, JOE  
Address: 4120 OSAGE LANE  
City-St-Zip: ORMOND BEACH, FL 32174

Title: S  
Name: CORTESE, SHIRLEY  
Address: 1311 MANDEN LANE  
City-St-Zip: ORMOND BEACH, FL

Title: DP  
Name: LUND, BOB  
Address: 4023 CALUSA LANE  
City-St-Zip: ORMOND BEACH, FL 32174

Title: VP  
Name: BARI, CAROL LYNN  
Address: 4134 SALINA LANE  
City-St-Zip: ORMOND BEACH, FL 32174

Title: D  
Name: WILL, ROBERT  
Address: 4074 N. CHINOOK  
City-St-Zip: ORMOND BEACH, FL 32174

I hereby 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 all other like empowered.

SIGNATURE: BOB LUND

PD

02/17/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date