

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 02, 2004 8:00 am
Secretary of State

03-02-2004 90022 018 ****61.25

DOCUMENT # N97000004840

1. Entity Name

DAYTONA BEACH YACHT CLUB, INCORPORATED



Principal Place of Business

P.O. BOX 6392, STATION A
DAYTONA BEACH FL 32122

Mailing Address

P.O. BOX 6392, STATION A
DAYTONA BEACH FL 32122

34014033



MOORE CR2E037 (11/03)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1032346

Applied For

Not Applicable

Zip

Country

Zip

Country

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

DAVIDSON, VICTORIA
3757 S ATLANTIC AVE # 502
DAYTONA BEACH FL 32118

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. I am familiar with, and accept the obligations of registered agent.

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
Due By May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	HODEL, WILLIAM T	
STREET ADDRESS	721 S BEACH ST UNIT 721A	
CITY-ST-ZIP	DAYTONA BEACH FL 32114	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	DOUGLAS, GEORGE N	
STREET ADDRESS	717 S BEACH ST APT 102C	
CITY-ST-ZIP	DAYTONA BEACH FL 32114	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	PARISA, FRANCES L	
STREET ADDRESS	277 CENTER ST	
CITY-ST-ZIP	ORMOND BEACH FL 32174	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	HODEL, ELIZABETH	
STREET ADDRESS	2283 S. PALMETT AVE	
CITY-ST-ZIP	SOUTH DAYTONA FL 32119-3007	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MCNAIRY, ADDISON W	
STREET ADDRESS	401 S BEACH ST	
CITY-ST-ZIP	DAYTONA BEACH FL 32114	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	DON CARLOS, WILLIE M	
STREET ADDRESS	718 CENTRAL PARK BLVD	
CITY-ST-ZIP	PORT ORANGE FL 32127-7553	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Vice Commodore	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Ruthann Rose	
STREET ADDRESS	3757 S Atlantic Ave #502	
CITY-ST-ZIP	Daytona Beach, FL 32118	
TITLE	Fleet Captain	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VIC PARISA	
STREET ADDRESS	277 Center St	
CITY-ST-ZIP	Ormond Beach, FL 32117	
TITLE	Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Richard Street	
STREET ADDRESS	610 S Edgewood Ave	
CITY-ST-ZIP	Ormond Beach FL 32114	
TITLE	Rear Commodore	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Stuart Robinson	
STREET ADDRESS	134 Bellwood Ave	
CITY-ST-ZIP	S Daytona FL 32119	
TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Barbara J. Anthony	
STREET ADDRESS	94 Lenox Ave	
CITY-ST-ZIP	Daytona Beach FL 32118	

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Barbara J Anthony

2/20/04 386 239-7117