

2001 UNIFORM BUSINESS REPORT (UBR)

1/20/

FILED
Feb 13, 2001 8:00 am
Secretary of State

01-20-2001 90009 031 ****61.25

DOCUMENT # 748109
 1. Entity Name
HALIFAX VILLAS ASSOCIATION, INC.

| | |
|---|---|
| Principal Place of Business 144 SOUTH HALIFAX AVENUE DAYTONA BEACH FL 32118 | Mailing Address 144 SOUTH HALIFAX AVENUE DAYTONA BEACH FL 32118 |
|---|---|

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|---|---|
| 2. Principal Place of Business Suite, Apt. #, etc. | 3. Mailing Address Suite, Apt. #, etc. |
|---|---|

| | | | |
|--------------|--------------|------------------------------------|-------------------------------|
| City & State | City & State | 4. FEI Number 59-1936674 | Applied For Not Applicable |
| Zip | Country | Zip | Country |

6. Name and Address of Current Registered Agent
**VOSSUER, LINDA L
 #54 144 S. HALIFAX AVE.
 DAYTONA BEACH FL 32118**

7. Name and Address of New Registered Agent
 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] **1/8/01**
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. <input type="checkbox"/> | \$5.00 May Be Added to Fees | Make Check Payable to Department of State |
|-------------------------------------|---|---------------------------------------|--|

| 10. OFFICERS AND DIRECTORS | | <input type="checkbox"/> Delete |
|--|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD VOSSLER, LINDA 144 S HALIFAX #54 DAYTONA BCH FL | D |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DT MATHER, C.L. 144 S HALIFAX #64 DAYTONA BCH FL 32118 | D |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D MILLAIRE, CLAIRE 144 S. HALIFAX #60 DAYTONA BCH FL 32118 | <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | _____ | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | _____ | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | _____ | <input type="checkbox"/> Delete |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | <input type="checkbox"/> Change | <input checked="" type="checkbox"/> Addition |
|---|---|---------------------------------|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | Secretary Irene Hayoeh 144 S Halifax #16 Daytona Bch, FL | D | <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | Claire Millaire Member at large 144 S Halifax #60 D.B. FL. | D | <input checked="" type="checkbox"/> Change |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | Member at large Lucy Cronan 144 S Halifax #1 D.B. FL. | D | <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | _____ | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | _____ | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | _____ | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |

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] **1/8/01** **Day 831 1600**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CRE037 (10/00)