

2002 UNIFORM BUSINESS REPORT (UBR)

5/2

FILED
Jul 08, 2002 8:00 am
Secretary of State

05-27-2002 90487 014 ****61.25

DOCUMENT # 748109

1. Entity Name

HALIFAX VILLAS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**144 SOUTH HALIFAX AVENUE
 DAYTONA BEACH FL 32118**

**144 SOUTH HALIFAX AVENUE
 DAYTONA BEACH FL 32118**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1936674

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**VOSSUER, LINDA L
 #54 144 S. HALIFAX AVE.
 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.

SIGNATURE

Mary P. Cronan

5-1-02

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 NAME STREET ADDRESS CITY-ST-ZIP	PD VOSSLER, LINDA 144 S HALIFAX #54 DAYTONA BCH FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT MILLAIRE, CLAIRE 144 S HALIFAX #60 DAYTONA BCH FL 32118	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HAYOCH, IRENE 144 S HALIFAX 18 DAYTONA BCH FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CRONAN, LACY 144 S HALIFAX 1 DB FL	<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	Member At Large (D) JENNY VIA 144 S Halifax # 13 Daytona Bch, Fl. 32118	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary (S) Irene Hayden 144 S Halifax # 16 Daytona Bch, Fl. 32118	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer (T) Mary Cronan 144 S Halifax # 1 Daytona Bch, Fl. 32118	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Member at Large (D) Claire Millaire 144 S Halifax Ave #60 Daytona Bch, Fl. 32118	<input checked="" 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:

VOSSUER, LINDA L
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Cronan

Date

7-1-02

Daytime Phone #

386-258-1351

CR2E037 (9/01)

Attachment
37990



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

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June 4, 2002

HALIFAX VILLAS ASSOCIATION, INC.
144 SOUTH HALIFAX AVENUE
DAYTONA BEACH, FL 32118

Subject: **HALIFAX VILLAS ASSOCIATION, INC.**

Reference Number: 748109

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$61.25; however, the report **has not been filed** and a copy is being returned for the following correction(s):

The annual report/uniform business report must be signed by an officer or director of the corporation.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 488-9000.

/AA
ANNUAL REPORTS SECTION