

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Jan 08, 2004  
Secretary of State**

DOCUMENT# 748109

Entity Name: HALIFAX VILLAS ASSOCIATION, INC.

**Current Principal Place of Business:**

144 SOUTH HALIFAX AVENUE  
DAYTONA BEACH, FL 32118

**New Principal Place of Business:**

**Current Mailing Address:**

144 SOUTH HALIFAX AVENUE  
DAYTONA BEACH, FL 32118

**New Mailing Address:**

FEI Number: 59-1936674      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

VOSSLER, LINDA L  
1445 HALIFAR AVE 54  
DAYTONA BEACH, FL 32118      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: PD      ( ) Delete  
Name: VOSSLER, LINDA  
Address: 144 S HALIFAX #54  
City-St-Zip: DAYTONA BCH, FL

Title: MALD      ( ) Delete  
Name: VIA, JENNY  
Address: 144 SOUTH HALIFAX #13  
City-St-Zip: DAYTONA BEACH, FL 32118

Title: S      ( ) Delete  
Name: HAYDEN, IRENE  
Address: 144 SOUTH HALIFAX #16  
City-St-Zip: DAYTONA BEACH, FL 32118

Title: MALD      ( ) Delete  
Name: MILLAIRE, CLAIRE  
Address: 144 SOUTH HALIFAX AVENUE #60  
City-St-Zip: DAYTONA BEACH, FL 32118

Title: T      ( ) Delete  
Name: MATHER, CLIFF  
Address: 144 HALIFAX AVE 64  
City-St-Zip: DAYTONA BEACH, FL 32118

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: LINDA VOSSLER

P

01/08/2004

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

\_\_\_\_\_  
Date