

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 04, 2007 8:00 am**  
**Secretary of State**

06-04-2007 90010 001 \*\*\*\*70.00

**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**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01302007 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number  
**59-1936674**

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

**CHUVEN, MIKE  
144 S HALIFAX AVE # 30  
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

**Filing Fee is \$61.25  
Due by May 1, 2007**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete  
NAME CHUVEN, MIKE  
STREET ADDRESS 144 S HALIFAX AVE # 30  
CITY-ST-ZIP DAYTONA BEACH, FL 32118

TITLE ☐ Change ☐ Addition  
NAME ☐ Change ☐ Addition  
STREET ADDRESS 144 SOUTH HALIFAX AVE # 19  
CITY-ST-ZIP DAYTONA Bch. FL. 32118

TITLE MALD ☒ Delete  
NAME VIA, JENNY  
STREET ADDRESS 144 SOUTH HALIFAX #13  
CITY-ST-ZIP DAYTONA BEACH, FL 32118

TITLE ☐ Change ☐ Addition  
NAME ☐ Change ☐ Addition  
STREET ADDRESS ☐ Change ☐ Addition  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE S ☐ Delete  
NAME BROWN, STEVE  
STREET ADDRESS 144 S HALIFAX AVE # 20  
CITY-ST-ZIP DAYTONA BEACH, FL 32118

TITLE ☐ Change ☐ Addition  
NAME ☐ Change ☐ Addition  
STREET ADDRESS ☐ Change ☐ Addition  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE MAL ☐ Delete  
NAME ROUSSEAU, HOLLY  
STREET ADDRESS 144 S HALIFAX AVE # 17  
CITY-ST-ZIP DAYTONA BEACH, FL 32118

TITLE ☐ Change ☐ Addition  
NAME ☐ Change ☐ Addition  
STREET ADDRESS ☐ Change ☐ Addition  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE T ☐ Delete  
NAME WARD, DALLAS  
STREET ADDRESS 144 SOUTH HALIFAX AVE SUITE 50  
CITY-ST-ZIP DAYTONA BEACH, FL 32118

TITLE ☐ Change ☐ Addition  
NAME ☐ Change ☐ Addition  
STREET ADDRESS ☐ Change ☐ Addition  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 #

5-30-07

386-252-8068