

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N00000004239

**FILED**  
**Jan 08, 2017**  
**Secretary of State**  
**CC3955434404**

**Entity Name:** THE CASEMENTS GUILD FOR THE CITY OF ORMOND BEACH, INC.

**Current Principal Place of Business:**

25 RIVERSIDE DR.  
ORMOND BCH, FL 32176

**Current Mailing Address:**

25 RIVERSIDE DR.  
ORMOND BCH, FL 32176

**FEI Number: 59-3658422**

**Certificate of Status Desired: No**

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

HAYES, RANDAL AESQ.  
173 S. BEACH ST.  
ORMOND BCH, FL 32174 US

*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

**Officer/Director Detail :**

Title P/D  
Name LIVICCORI, VIC  
Address 171 COUNTRY CLUB DRIVE  
City-State-Zip: ORMOND BEACH FL 32176

Title 1VPD  
Name DUFRESNE, ANNE  
Address 108 CYPRESS GROVE LANE  
City-State-Zip: ORMOND BEACH FL 32174

Title TD  
Name NICHOLAS, PATRICIA ANN  
Address 241 GEORGETOWNE BLVD  
City-State-Zip: DAYTONA BEACH FL 32119

Title SD  
Name PEARSON, SUE  
Address 3023 S ATLANTIC AVE #1003  
City-State-Zip: DAYTONA BEACH FL 32118

Title GS/D  
Name SCHNEIDER, NAN  
Address 104 RAY MAR DRIVE  
City-State-Zip: ORMOND BEACH FL 32176

*I hereby 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 all other like empowered.*

**SIGNATURE: PATRICIA NICHOLAS**

**TREASURER**

**01/08/2017**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date