

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N00000004239

**FILED**  
**Feb 07, 2013**  
**Secretary of State**  
**CC3206324371**

**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 LOWRY, PHYLLIS  
Address 1 JOHN ANDERSON DR #215  
City-State-Zip: ORMOND BEACH FL 32176

Title 1VPD  
Name LIVICCORI, VIC  
Address 171 COUNTY CLUB DR  
City-State-Zip: ORMOND BEACH FL 32176

Title TD  
Name TOPP, MAUREEN  
Address 2 ROCKY BLUFF DR  
City-State-Zip: ORMOND BEACH FL 32174

Title SD  
Name SYLVESTER, DAR  
Address 2790 TOLER AVE  
City-State-Zip: DELAND FL 32724

Title GS/D  
Name KORHONEN, ANNA  
Address 8 TOMOKA VIEW DR  
City-State-Zip: ORMOND BEACH FL 32174

*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: MAUREEN H. TOPP**

**TREASURER**

**02/07/2013**

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

\_\_\_\_\_  
Date