

2024 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# N00000004239

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 US

FEI Number: 59-3658422

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

DAVENPORT, CHRISTINE
17 LONGFELLOW CIR
ORMOND BEACH, FL 32176-3129 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: CHRISTINE DAVENPORT

02/22/2024

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name DAVENPORT, CHRISTINE
Address 17 LONGFELLOW CIRCLE
City-State-Zip: ORMOND BEACH FL 32176

Title VP
Name PENNINGTON, JANIE
Address 188 BLACK HICKORY WAY
City-State-Zip: ORMOND BEACH FL 32174

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

Title R. SECRETARY
Name HOODIMAN, KRIS
Address 34 WILD FERN LANE
City-State-Zip: ORMOND BEACH FL 32174

Title C. SECRETARY
Name SHEPPARD, MARGIE
Address 17 SYCAMORE CIRCLE
City-State-Zip: ORMOND BEACH FL 32174

Title ASSISTANT TREASURER
Name LYLE, JAYDE
Address 27 FOREST VIEW WAY
City-State-Zip: ORMOND BEACH FL 32174

Title VP
Name KESGE, JOYCE
Address 62 CAROLWOOD CIRCLE
City-State-Zip: O FL 32174

Title GS TREASURER
Name MUSSELWHITE, LOUISE
Address 2607 JOHN ANDERSON DRIVE
City-State-Zip: ORMOND BEACH FL 32176

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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: CHRISTINE DAVENPORT

PRESIDENT/REGISTERED AGENT 02/22/2024

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title GS ASSISTANT TREASURER
Name KNOCHENMUS, LARI
Address 123 PENINSULA WINDS DRIVE
City-State-Zip: ORMOND BEACH FL 32176