

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 21, 2005 8:00 am
Secretary of State

01-21-2005 90049 049 ***150.00

DOCUMENT # 364269

1. Entity Name

DAYTONA GARDEN APARTMENTS SOUTH, INC.



Principal Place of Business

1414 W. GRANDA BLVD
SUITE 4
ORMOND BEACH, FL 32174 US

Mailing Address

1414 W. GRANDA BLVD
SUITE 4
ORMOND BEACH, FL 32174 US

50004702



2. Principal Place of Business

114 S. Palmetto Avenue

3. Mailing Address

114 S. Palmetto Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01132005

Chg-P

CR2E034 (10/03)

City & State

Daytona Beach, FL

City & State

Daytona Beach, FL

4. FEI Number

59-1300092

Applied For

Not Applicable

Zip

32114

Country

US

Zip

32114

Country

US

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HAHL, JAMES G ESQUIRE
1414 W. GRANDA BLVD., SUITE 4
ORMOND BEACH, FL 32174

7. Name and Address of New Registered Agent

Name

Hahl, James G.

Street Address (P.O. Box Number is Not Acceptable)

114 S. Palmetto Avenue

City

Daytona Beach

FL

Zip Code

32114

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]

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME LATOUR, JOHN JR.
STREET ADDRESS 124 EMMETT STREET
CITY-ST-ZIP DAYTONA BEACH, FL

TITLE VSTD ☐ Delete
NAME HOFFMEISTER, GERALDINE
STREET ADDRESS 372 RIVERSIDE DR
CITY-ST-ZIP ORMOND BEACH, FL 32176

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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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 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 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 607, 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

[Signature]
Date

Daytime Phone #