


FILE NOW: FILING FEE IS \$61.25

FILED

Apr 16 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # **700476** (5)

1. Corporation Name

**VOLUSIA HOME BUILDERS ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

4606 CLYDE MORRIS BLVD.  
RAVENSQUARE-SUITE10  
PORT ORANGE FL 32119  
US

2435 S. RIDGEWOOD AVE.  
SOUTH DAYTONA FL 32119-3078  
US



3. Date Incorporated or Qualified

**02/20/1960**

4. FEI Number

**23-7329286**

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 **4606 Clyde Morris Blvd.**

22 City & State

27 Suite 1-0  
28 Port Orange, FL

23 Zip Country

29 32119 30 US

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

7. Is this nonprofit corporation a homeowners association?  
☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MCGEE, ELIZABETH**  
**2435 S. RIDGEWOOD AVE.**  
**SOUTH DAYTONA FL 32119**

81 Name

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

**4606 Clyde Morris Blvd.**

83 Suite 1-0

84 City  
**Port Orange**

**FL** 85 Zip Code  
**32119**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS	
TITLE	PD <input checked="" type="checkbox"/> DELETE
NAME	<b>HANSARD, BILL</b>
STREET ADDRESS	<b>2435 S. RIDGEWOOD AVE.</b>
CITY-ST-ZIP	<b>SOUTH DAYTONA FL</b>
TITLE	VD <input type="checkbox"/> DELETE
NAME	<b>FITZSIMMONS, BOB</b>
STREET ADDRESS	<b>2435 S. RIDGEWOOD AVE.</b>
CITY-ST-ZIP	<b>SOUTH DAYTONA FL</b>
TITLE	VD <input type="checkbox"/> DELETE
NAME	<b>MCGUIRE, TOM</b>
STREET ADDRESS	<b>2435 S. RIDGEWOOD AVE.</b>
CITY-ST-ZIP	<b>SOUTH DAYTONA FL</b>
TITLE	SD <input type="checkbox"/> DELETE
NAME	<b>CROWE, TOM</b>
STREET ADDRESS	<b>2435 S. RIDGEWOOD AVE.</b>
CITY-ST-ZIP	<b>SOUTH DAYTONA FL</b>
TITLE	TD <input type="checkbox"/> DELETE
NAME	<b>DINIZO, ANTHONY</b>
STREET ADDRESS	<b>2435 S. RIDGEWOOD AVE.</b>
CITY-ST-ZIP	<b>SOUTH DAYTONA FL</b>
TITLE	M <input type="checkbox"/> DELETE
NAME	<b>MCGEE, BETH</b>
STREET ADDRESS	<b>2435 S. RIDGEWOOD AVE.</b>
CITY-ST-ZIP	<b>SOUTH DAYTONA FL</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	P/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>MOSCO, TOM</b>
1.3 STREET ADDRESS	<b>4606 Clyde Morris Blvd., Suite 1-0</b>
1.4 CITY-ST-ZIP	<b>Port Orange, FL 32119</b>
2.1 TITLE	V/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>DINIZO, ANTHONY</b>
2.3 STREET ADDRESS	<b>4606 Clyde Morris Blvd., Suite 1-0</b>
2.4 CITY-ST-ZIP	<b>Port Orange, FL 32119</b>
3.1 TITLE	V/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>CROWE, TOM</b>
3.3 STREET ADDRESS	<b>4606 Clyde Morris Blvd., Suite 1-0</b>
3.4 CITY-ST-ZIP	<b>Port Orange, FL 32119</b>
4.1 TITLE	S/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>ATKERSON, PAULA</b>
4.3 STREET ADDRESS	<b>4606 Clyde Morris Blvd., Suite 1-0</b>
4.4 CITY-ST-ZIP	<b>Port Orange, FL</b>
5.1 TITLE	T/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	<b>INDA, HEATHER</b>
5.3 STREET ADDRESS	<b>4606 Clyde Morris Blvd., Suite 1-0</b>
5.4 CITY-ST-ZIP	<b>Port orange, FL 32119</b>
6.1 TITLE	M <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	<b>MCGEE, ELIZABETH</b>
6.3 STREET ADDRESS	<b>4606 Clyde Morris Blvd., Suite 1-0</b>
6.4 CITY-ST-ZIP	<b>Port Orange, FL 32119</b>

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Elizabeth McGee* Elizabeth McGee 4/8/98 (904) 761-9515

CR2E037 (1097)

D  
FITZSIMMONS, BOB  
4606 Clyde Morris Blvd., Suite 1-0  
Port Orange, FL 32119