

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 12, 2006 8:00 am**  
**Secretary of State**

01-12-2006 90191 049 \*\*\*\*61.25

<b>DOCUMENT # 718731</b> 1. Entity Name <b>ORMOND-BY-THE-SEA ASSOCIATION, INC.</b>					
Principal Place of Business <b>1601 OCEANSHORE BLVD. ORMOND BEACH, FL 32176</b>			Mailing Address <b>1601 OCEANSHORE BLVD. ORMOND BEACH, FL 32176</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>59-2314359</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>FIRKEL, EARL</b> <b>1601 OCEAN SHORE BLVD, #103</b> <b>ORMOND BEACH, FL 32176</b>				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;"> <b>FL</b> Zip Code         </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
Make check payable to <b>Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME	D HOBBS, JULIUS	<input type="checkbox"/> Delete	TITLE NAME	D MCLELLAN, JOHN	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	2602 DORENE DR PLANT CITY, FL 33566		STREET ADDRESS CITY-ST-ZIP	455 HOLLY HILL RD OLDSMAR, FL 34677	
TITLE NAME	SD LOCKWOOD, DANNY	<input type="checkbox"/> Delete	TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	6495 WHITE MILL RD WESTMINSTER, SC 29693		STREET ADDRESS CITY-ST-ZIP		
TITLE NAME	D LOCKWOOD, ROBERT	<input type="checkbox"/> Delete	TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	150 LAWN MARKET DRIVE SHARPSBURG, GA 30277		STREET ADDRESS CITY-ST-ZIP		
TITLE NAME	PD HODNETT, MORRIS	<input type="checkbox"/> Delete	TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	6767 BLACK TWIG COURT RIVERDALE, GA 30274		STREET ADDRESS CITY-ST-ZIP		
TITLE NAME	TD MOORE, MICHAEL	<input type="checkbox"/> Delete	TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	9411 GRACE LAKE DR DOUGLASVILLE, GA 30135		STREET ADDRESS CITY-ST-ZIP		
TITLE NAME	D ROBERTS, MARGARET	<input type="checkbox"/> Delete	TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	1601 OCEAN SHORE BLVD, #106 ORMOND BEACH, FL 32176		STREET ADDRESS CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with an other like empowered.					
<b>SIGNATURE:</b> <i>Earl Firkel</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			1-9-06 386-441-2122 <small>Date Daytime Phone #</small>		