


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2007 8:00 am
Secretary of State

05-01-2007 90012 050 ****61.25

DOCUMENT # 718731					
1. Entity Name ORMOND-BY-THE-SEA ASSOCIATION, INC.					
Principal Place of Business 1601 OCEANSHORE BLVD. ORMOND BEACH, FL 32176			Mailing Address 1601 OCEANSHORE BLVD. ORMOND BEACH, FL 32176		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
4. FEI Number 59-2314359			<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
FIRKEL, EARL 1601 OCEAN SHORE BLVD, #113 ORMOND BEACH, FL 32176				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL Zip Code	
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing)</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to: Florida Department of State					
10. OFFICERS AND DIRECTORS					
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HOBBS, JULIUS		NAME	MCLELLAN, JOHN	
STREET ADDRESS	2602 DORENE DR		STREET ADDRESS	455 HOLLY HILL RD, OLDSMAR, FL 34677	
CITY-STATE-ZIP	PLANT CITY, FL 33566		CITY-STATE-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOCKWOOD, DANNY		NAME		
STREET ADDRESS	6495 WHITE MILL RD		STREET ADDRESS		
CITY-STATE-ZIP	WESTMINSTER, SC 29693		CITY-STATE-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOCKWOOD, ROBERT		NAME		
STREET ADDRESS	150 LAWN MARKET DRIVE		STREET ADDRESS		
CITY-STATE-ZIP	SHARPSBURG, GA 30277		CITY-STATE-ZIP		
TITLE	PD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HODNETT, MORRIS		NAME		
STREET ADDRESS	6767 BLACK TWIG CIRCLE		STREET ADDRESS		
CITY-STATE-ZIP	RIVERDALE, GA 30271		CITY-STATE-ZIP		
TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MOORE, MICHAEL		NAME	HANLEY, KELLY	
STREET ADDRESS	9411 GRACE LAKE DR		STREET ADDRESS	4187 VOLLEYLANE	
CITY-STATE-ZIP	DOUGLASVILLE, GA 30135		CITY-STATE-ZIP	NORCROSS, GA 30092	
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBERTS, MARGARET		NAME		
STREET ADDRESS	1601 OCEAN SHORE BLVD, #106		STREET ADDRESS		
CITY-STATE-ZIP	ORMOND BEACH, FL 32176		CITY-STATE-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 my address, with all other like empowered.					
SIGNATURE: <i>Earl Firkel</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date: <i>4-18-07</i> <small>Daytime Phone #</small>		