


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 21, 2007 8:00 am**  
**Secretary of State**

03-21-2007 90032 037 \*\*\*\*61.25

**DOCUMENT # 723649**

1. Entity Name  
**CURRAN SHORES SOUTH MANAGEMENT CORP.**



Principal Place of Business  
**3641 SOUTH ATLANTIC AVE  
 DAYTONA BEACH, FL 32118**

Mailing Address  
**3641 SOUTH ATLANTIC AVE  
 DAYTONA BEACH, FL 32118**



2. Principal Place of Business - No P.O. Box #  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

03102007 Chg-NP CR2E037 (12/06)

City & State

4. FEI Number  
**59-1507396**

Applied For  
 Not Applicable

Zip Country Zip Country

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**ROMBACH, LLOYD  
 3641 S ATLANTIC AVE  
 DAYTONA BEACH SHORES, FL 32127**

**7. Name and Address of New Registered Agent**

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25  
 Due by May 1, 2007**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

**Make check payable to Florida Department of State**

**10. OFFICERS AND DIRECTORS**

TITLE	D	<input type="checkbox"/> Delete
NAME	KING, MYLES	
STREET ADDRESS	3641 S ATLANTIC AVE 216	
CITY-ST-ZIP	DAYTONA BEACH, FL 32118	
TITLE	VD	<input type="checkbox"/> Delete
NAME	SINGER, LESTER	
STREET ADDRESS	3641 S ATLANTIC AVE	
CITY-ST-ZIP	DAYTONA BEACH, FL 32118	
TITLE	TD	<input type="checkbox"/> Delete
NAME	MCBEE, WILLIAM	
STREET ADDRESS	3641 S. ATLANTIC AVE.	
CITY-ST-ZIP	DAYTONA BEACH, FL 32118	
TITLE	D	<input type="checkbox"/> Delete
NAME	KAGAN, KEN	
STREET ADDRESS	3641 S ATLANTIC AVE 203	
CITY-ST-ZIP	DAYTONA BEACH, FL 32118	
TITLE	D	<input type="checkbox"/> Delete
NAME	MARCINIAK, ROSE	
STREET ADDRESS	3641 S ATLANTIC AVE	
CITY-ST-ZIP	DAYTONA BEACH, FL 32118	
TITLE	PD	<input type="checkbox"/> Delete
NAME	ROMBACH, LLOYD	
STREET ADDRESS	3641 S ATLANTIC AVE	
CITY-ST-ZIP	DAYTONA BEACH, FL 32118	

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Nichols, Rick	
STREET ADDRESS	3641 S. ATLANTIC AVE 110	
CITY-ST-ZIP	DAYTONA BEACH, FL 32118	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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 all other like empowered.

**SIGNATURE:** William W. McBee **WILLIAM W. MCBEE** 3/19/07 386-756-9930  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #