


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2008 8:00 am
Secretary of State

01-22-2008 90081 021 ****61.25

DOCUMENT # 731013 1. Entity Name THE ORMOND TERRACE ANNEX HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 263 GREENWOOD AVE ORMOND BEACH, FL 32174			Mailing Address 263 GREENWOOD AVE ORMOND BEACH, FL 32174		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-1826355	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent JANSSEN, MARLENE R. 263 GREENWOOD AVENUE ORMOND BEACH, FL 32174				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				DATE	
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>				DATE	
Filing Fee is \$61.25 Due by May 1, 2008		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 NAME STREET ADDRESS CITY - ST - ZIP	STD JANSSEN, MARLENE R. 263 GREENWOOD AVENUE ORMOND BCH, FL				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD ABEE, DAVID 470 N YONGE ST ORMOND BEACH, FL 32174				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD CHAPPELL, LEE A 270 WARWICK AVE. ORMOND BEACH, FL 32174				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	[Empty]				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	[Empty]				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	[Empty]				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	[Empty]				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE NAME STREET ADDRESS CITY - ST - ZIP	[Empty]				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD. SMITH WAYNE 460 N. YONGE ST. ORMOND BEACH, FL 32174				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	[Empty]				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	[Empty]				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	[Empty]				
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: <i>Marlene R. Janssen</i> MARLENE R. JANSSEN 1-14-08 386-677-2675					