

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 27, 2006 8:00 am
Secretary of State

02-27-2006 90063 002 ****61.25

DOCUMENT # 746489

1. Entity Name

DANBURY BREAKERS CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

% LENORE CHISHOLM
3747 S. ATLANTIC AVE #201
DAYTONA BEACH SHORES FL 32118

Mailing Address

% LENORE CHISHOLM
3747 S. ATLANTIC AVE #201
DAYTONA BEACH SHORES FL 32118



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

1st MOORE

CR2E037 (10/05)

Zip

Country

Zip

Country

4. FEI Number

59-2013758

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CHISHOLM, LEE
3747 SOUTH ATLANTIC AVENUE
DAYTONA BEACH SHORES FL 32118

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

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 **TO** ☐ Delete
NAME **CHISHOLM, LENORE**
STREET ADDRESS **3747 S ATLANTIC AVE**
CITY-ST-ZIP **DAYTONA BEACH SHORES FL**

TITLE **S** ☐ Delete
NAME **TARCZA, JOYCE**
STREET ADDRESS **10 FLORISTER DR**
CITY-ST-ZIP **TRENTON NJ**

TITLE **PD** ☐ Delete
NAME **SHEPERD, ERVIN**
STREET ADDRESS **3747 S. ATLANTIC AVE.**
CITY-ST-ZIP **DAYTONA BEACH SHORES FL**

TITLE **PD** ☐ Delete
NAME **NOWAK, PAULA**
STREET ADDRESS **3747 S. ATLANTIC AVE**
CITY-ST-ZIP **DAYTONA BEACH SHORES FL**

TITLE **D** ☐ Delete
NAME **GFROERER, PETER**
STREET ADDRESS **1 BRIGHTON AVENUE**
CITY-ST-ZIP **TONAWANDA N.**

TITLE **VP** ☐ Delete
NAME **MOST, CATHERINE**
STREET ADDRESS **3747 S. ATLANTIC AVENUE**
CITY-ST-ZIP **DAYTONA BEACH SHORES FL**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☒ Change ☐ Addition
NAME **Treasurer only**
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME **Director**
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME **President**
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME **VP**
STREET ADDRESS **Jones Mauldin**
CITY-ST-ZIP **66 Turkey Creek 71.32615**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Lenore Chisholm* **LENORE CHISHOLM** **2/13/06** **386-767-7602**