


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 06, 2007 8:00 am**  
**Secretary of State**

02-06-2007 90010 025 \*\*\*\*61.25

<b>DOCUMENT # 746489</b> 1. Entity Name <b>DANBURY BREAKERS CONDOMINIUM ASSOCIATION, INC.</b>					
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 - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>59-2013758</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent <b>CHISHOLM, LEE</b> <b>3747 SOUTH ATLANTIC AVENUE</b> <b>DAYTONA BEACH SHORES FL 32118</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </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 <u><i>Lenore Chisholm</i></u> <b>LENORE CHISHOLM</b> <span style="float: right;">1/27/07</span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature removed when reinstating)</small>					
<b>FILE NOW: FEE IS \$61.25</b> <b>Due By May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make Check Payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	T CHISHOLM, LENORE 3747 S ATLANTIC AVE DAYTONA BEACH SHORES FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	S TARCZA, JOYCE 10 FLORISTER DR TRENTON NJ	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D SHEPERD, ERVIN 3747 S. ATLANTIC AVE. DAYTONA BEACH SHORES FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	P NOWAK, PAULA 3747 S. ATLANTIC AVE DAYTONA BEACH SHORES FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D GROERER, PETER 1 BRIGHTON AVENUE TONAWANDA N.	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>BALINT TARCZA</b> <b>3747 S. ATLANTIC AVE</b> <b>DAYTONA BEACH, FL. 32118</b>	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	VP MAULDIN, JONES 66 TURKEY CREST ALACHUA FL 32615	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>JAMES MAJ.</b> <b>3747 S. ATLANTIC AVE</b> <b>DAYTONA BEACH, FL 32118</b>	
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: <u><i>Lenore Chisholm</i></u> <b>LENORE CHISHOLM</b> <span style="float: right;">1/27/07 386-767-7602</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					