

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2005 8:00 am
Secretary of State

04-27-2005 90351 033 ****61.25

DOCUMENT # 759638	
1. Entity Name DAYTONA RESORT & CLUB ASSOCIATION, INC.	

Principal Place of Business 1200 RUGER PL DAYTONA BCH, FL 32118 US	Mailing Address 1200 RUGER PL DAYTONA BEACH, FL 32118 US
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



01132005 Chg-NP CR2E037 (10/03)

4. FEI Number 59-2071303	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

**FORDHAM, MARION B
13107 CHETS CREEK DR., S.
JACKSONVILLE, FL 32224**

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: _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

Filing Fee is \$61.25 Due by May 1, 2005	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
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Ad	
NAME	PIERCE, JEAN			NAME			
STREET ADDRESS	661 SE PORTAGE			STREET ADDRESS			
CITY-ST-ZIP	PORT ST. LUCIE, FL 34984			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Ad	
NAME	MOSS, BRIAN			NAME			
STREET ADDRESS	2315 LAUDERDALE CT.			STREET ADDRESS			
CITY-ST-ZIP	ORLANDO, FL 32805			CITY-ST-ZIP			
TITLE	VP	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Ad	
NAME	LA BRECHE, JACQUELINE			NAME			
STREET ADDRESS	2841 REGENT CRESENT			STREET ADDRESS			
CITY-ST-ZIP	SOUTH DAYTONA, FL 32219			CITY-ST-ZIP			
TITLE	S	<input checked="" type="checkbox"/> Delete		TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Ad	
NAME	MISNER, MILTON			NAME	Donald Caravello		
STREET ADDRESS	219 TURKEY CREEK			STREET ADDRESS	2200 N. A1A - Suite 601		
CITY-ST-ZIP	ALACHUA, FL 32615			CITY-ST-ZIP	Daytona Beach, FL 32118		
TITLE	D	<input type="checkbox"/> Delete		TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Ad	
NAME	SMITH, JOYCE			NAME			
STREET ADDRESS	523 BALASWOOD COURT			STREET ADDRESS			
CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32714			CITY-ST-ZIP			
TITLE	T	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Ad	
NAME	BILINSKI, EDWARD			NAME			
STREET ADDRESS	559 EAST ORANGE ST			STREET ADDRESS			
CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32701			CITY-ST-ZIP			

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, changed, or on an attachment with an address, with all other like empowered.