


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

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

<b>DOCUMENT # 759638</b> 1. Entity Name <b>DAYTONA RESORT &amp; CLUB ASSOCIATION, INC.</b>					
Principal Place of Business <b>1200 RUGER PL DAYTONA BCH, FL 32118 US</b>			Mailing Address <b>1200 RUGER PL DAYTONA BEACH, FL 32118 US</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>59-2071303</b>	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>FORDHAM, MARION B 13107 CHETS CREEK DR., S. JACKSONVILLE, FL 32224</b>			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: _____					
<b>Filing Fee is \$61.25 Due by May 1, 2005</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	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	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Ad	
NAME	MISNER, MILTON		NAME	Director	
STREET ADDRESS	219 TURKEY CREEK		STREET ADDRESS	Donald Caravello	
CITY-ST-ZIP	ALACHUA, FL 32615		CITY-ST-ZIP	2200 N. A1A - Suite 601	
TITLE	D	<input type="checkbox"/> Delete	TITLE	Daytona Beach, FL 32118	
NAME	SMITH, JOYCE		NAME	Secretary	
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 changed, or on an attachment with an address, with all other like empowered.