∠UUO NU 1-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

DOCU 1. Entity Nam	MENT # 763692		Feb 16, 2006 08:00 AM Secretary of State					
EXECUTIV	VE ASSOCIATION OF DAY	ONA BEACH, INC.		Sec	retar	y 01 St	ate	
Principal Place of Business		Mailing Address		_}				
50 SANDRA DR. ORMOND BEACH FL 32176 US		50 SANDRA DR. ORMOND BEACH FL 32176 US						
2. Principal Place of Business		3. Mailing Address			TIMA KIKE MITTA TAKA	lian ainit anant aidh a	BES ESSEN ESS	HIBH OL 1995
Suite. Apt. #, etc.		Suite, Apt. #, etc.		1st MOC	ORE (CR2E037 (1	0/05)	
City & State		City & State		4. FEI Number 59-3023144			-	oplied For of Applicat*
Zip	Country	Zip	Country	5. Certificate of Sta	tus Desired	□ \$8.	75 Add	ditional
	6. Name and Address of Current	Registered Agent	,	7. Name and Addre	es of New Ro			
FRETZ, SCOTT			Name	Name .				
135	E INT'L SPDWY BLVD #9 TONA BEACH FL 32118	-	Street Address	Street Address (P.O. Box Number is Not Acceptable)				
<i>D</i> /1/	TONA BEAGITTE SETTO		City	·			Zìo Cod	e
8. The above	named entity submits this statement for	t the number of changing its	}	ered agent or both in th	he State of Flo	rL j	•	
the obligat	ions of registered agent.	. The purpose of ortaligning the	registering effice of regist	ered agent, or bott, in t	ie otate oi i id	nva i gili (qili	rai willi,	and accep
SIGNATURE						- ·		
7:	Signature Typed or printed runne of registered egent	and title if applicable (NOT	E: Registered Agent signature requir	ed when renstating)	h kayare karasa	DATE	Fulk de d	. 3 45
	FILE NOW: FEE IS \$61.25 Due By May 1, 2006	9. Election Car Trust Fund (npaign Financing Contribution.	\$5.00 May Be Added to Fees	Mai Florid	ce Check Pa a Departme	iyable int of !	to State
10.	OFFICERS AND DI	RECTORS	11.	ADDITIONS/CHANGE	S TO OFFICER	S AND DIREC	TORS IN	10
TITLE NAME	D STARK, DAVE	☐ Delete	TITLE				Change	□ Addin
	570 S. U.S. #1 ORMOND BEACH FL		NAME STREET AOORESS CITY - ST-ZIP	() 02/20	100000436 17.206 - 800	6405 036-005 (31, 25	=
TITLE	D	☐ Delete	TITLE	THE STATE OF THE S	.,		Change	Aពីទីកិច្ច
NAME STREET ADDRESS	FRETZ, SCOTT 135 E INT'L SPDWY BLVD #9		NAME STREET ADDRESS					
CJTY-ST-ZIP	DAYTONA BEACH FL 32114		CITY - ST-ZIP					
TITLE NAME	T UNDERWOOD, PATTY	☐ Delete	TITLE				Change	Addition.
STREET ACCRESS	50 SANDRA DR.		NAME STREET ADDRESS					
CITY-ST-ZIP	ORMOND BEACH FL 32176		CITY-ST-ZIP					
TITLE NAME	D AGLIATA, FRANK	☐ Delete	TITLE				Change	☐ Artino
STREET ADDRESS	916 S NOVA RD		STREET ADDRESS					
CITY-ST-ZIP	ORMOND BEACH FL 32174	· ·	CITY-ST-ZIP					_
TITLE NAME		☐ Delete	TITLE MAME				Change	T Again
STREET ADDRESS			STREET ADDRESS					
CITY-ST-ZIP			CITY-ST-ZAP	 				
title Name		☐ Delete	TITLE MAME				Change	🔲 Addilla
STREET ADDRESS			STREET ADDRESS					
CITY-ST-ZIP			CITY-ST-ZIP					
12. I hereby indicated of the cor if change	certify that the information supplied wit on this report or supplemental report is poration or the receiver or trustee emp of, or on an attachment with an addres	h this filling does not qualify for the and accurate and that in owered to execute this reports, with all other like empower	or the exemptions contain my signature shall have the n as required by Chapter I red.	e same legal effect as if 617, Florida Statutes; an	made under o d that my nam	further certify that I am a seappears in B	n officer lock 10 (or director or Block 11

FILED