

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 08, 1999 8:00 am
Secretary of State

03-08-1999 90060 014 ***150.00

DOCUMENT # **L98005**

1. Corporation Name

CONDO RENTALS OF DAYTONA, INC.

Principal Place of Business

**2410 S ATLANTIC AVE
DAYTONA BEACH SHORES FL 32118-5402**

Mailing Address

**2410 S ATLANTIC AVE
DAYTONA BEACH SHORES FL 32118-5402**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/04/1990

4. FEI Number

59-3028849

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

2a. Mailing Address

26 Suite, Apt. #, etc.

23 City & State

28 City & State

24 Zip Country

29 Zip Country

9. Name and Address of Current Registered Agent

**CLOWER, DAVID MICHAEL
378 S. ATLANTIC AVE
ORMOND BEACH FL 32176**

10. Name and Address of New Registered Agent

81 Name

Clover, David Michael

82 Street Address (P.O. Box Number is Not Acceptable)

322 Silver Beach Avenue

83

Daytona Beach, Fl. 32118

84 City

FL

85 Zip Code
32118

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

DAVID MICHAEL CLOWER

D. M. CLOWER 2/25/99

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PSTD** ☐ DELETE

NAME **JONES, ANNA LOUISE**

STREET ADDRESS **2410 S. ATLANTIC AVE.**

CITY-ST-ZIP **DAYTONA BEACH SHORES FL**

TITLE **VPD** ☐ DELETE

NAME **WANSTALL, DONALD P**

STREET ADDRESS **2410 S. ATLANTIC AVE.**

CITY-ST-ZIP **DAYTONA BEACH SHORES FL**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Anna Louise Jones

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-16-99

Date

904-255 7733

Daytime Phone #

CR2E034 (11/98)