

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Feb 11, 2004 08:00 AM  
Secretary of State

DOCUMENT # N00000004239

1. Entity Name

THE CASEMENTS GUILD FOR THE CITY OF ORMOND  
BEACH, INC.



Principal Place of Business

25 RIVERSIDE DR.  
ORMOND BCH FL 32176

Mailing Address

25 RIVERSIDE DR.  
ORMOND BCH FL 32176

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

59-3658422

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

HAYES, RANDAL A ESQ.  
173 S. BEACH ST.  
ORMOND BCH FL 32174

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25  
Due By May 1, 2004

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE P/D ☐ Delete  
NAME PEARCE, MARIAN  
STREET ADDRESS 52 RIVERSIDE DR.  
CITY-ST-ZIP ORMOND BEACH FL 32176

TITLE VPS ☐ Delete  
NAME ESHENAU, CLAIRE  
STREET ADDRESS 299 GATEWOOD CT.  
CITY-ST-ZIP ORMOND BEACH FL 32174

TITLE TD ☐ Delete  
NAME HENDRIX, LINDA  
STREET ADDRESS 134 DEER LAKE CIRCLE  
CITY-ST-ZIP ORMOND BEACH FL 32174

TITLE SD ☐ Delete  
NAME WHITE, JOYCE  
STREET ADDRESS 87 NICHOLAS COURT  
CITY-ST-ZIP ORMOND BEACH FL 32174

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
U00000046014  
02/11/04-80085-019 70.00

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Linda Hendrix Linda Hendrix 2-9-04 386-677-0310  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #