## 2006 NOT-FOR-PROFIT CORPORATION

## **DOCUMENT # N00000004239**

1. Entity Name
THE CASEMENTS GUILD FOR THE CITY OF ORMOND

FILED Apr 17, 2006 8:00 am Secretary of State 04-17-2006 90337 046 \*\*\*\*70.00

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BEACH, I	NC.									
25 RIVERSIDE DR. 25 F			failing Address 25 RIVERSIDE DR. DRMOND BCH, FL 32176			The state of the				
2. Principal Place of Business		3. Mailir	3. Mailing Address							
Suite, Apt. #, etc.		Suit	Suite, Apt. #, etc.			03192006 Chg	g-NP CR2E0	37 (11/05)		
City & State		City	City & State			4. FEI Number 59-3658422		1	olied For Applicable	
Zip	Country	Zip	Zip Country			5. Certificate of Sta	tus Desired	\$8.75 Add Fee Required		
	6. Name and Address of Cu	rrent Registered	Agent			7. Name and Addr	ess of New Registered	Agent		
				Name						
HAYES, RANDAL A ESQ.  173 S. BEACH ST.  ORMOND BCH, FL 32174					Street Address (P.O. Box Number is Not Acceptable)					
							FI	Zip Code	•	
O The share	named entity submits this statem	ant for the pure	es of changing its re	rejetered office or	register	ad agent or both in t	he State of Florida Lam	Lamiliar with	and accept	
	ions of registered agent.	ient for the purpo	se of changing to re	igistered office of	registor	ou agein, or both, in t	, is state of Florida. Yas	, , ,	u	
SIGNATURE .	Signature, typed or printed name of registere	d agent and title if appli	cable (NOTE: F	Registered Agent signatu	ке гедикед	when roinstating)	DATE			
Filling Fee is \$61.25 9. Election Campaign F Due by May 1, 2006 Trust Fund Contribution				•		\$5.00 May Be Added to Fees	Make chec Florida Depa	ck payable to extraent of St		
10.	OFFICERS A	ND DIRECTORS		11.		ADDITIONS/CHANGE	S TO OFFICERS AND D	IRECTORS IN	10	
INLE	P/D		☐ Delete	TITLE				Сhange	Addition	
NAME	JOHNSON, PATRICIA			NAME						
STREET ADDRESS	4 WATER OAK CIRCLE			STREET ADDRESS						
CITY-ST-ZIP	ORMOND BEACH, FL 321	76		CITY-ST-ZIP						
TITLE	1VP									
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STREET ADDRESS	HALSEY, ARLENE		☐ Delete	TTILE NAME				☐ Change	Addition	
JINELI NODINCOO	1 JHON ANDERSON DR #	501	☐ Delete					☐ Change	☐ Addition	
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l	1 JHON ANDERSON DR #			NAME STREET ADDRESS CITY-ST-ZIP	7. Û	. + r	) Charle	☐ Change	Addition	
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CITY-ST-ZIP TITLE NAME	1 JHON ANDERSON DR # ORMOND BEACH, FL 321 TD HENDRIX, LINDA	76		NAME STREET ADDRESS CITY-ST-ZIP	Tra	Maret D Mund Bea	wheney whele	1 <b>∑</b> Change		
CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS	1 JHON ANDERSON DR # ORMOND BEACH, FL 321 TD HENDRIX, LINDA 134 DEER LAKE CIRCLE	76		NAME STREET ADDRESS CITY-ST-ZIP		Maret D Mand Bea		(∑) Change		
CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	1 JHON ANDERSON DR # ORMOND BEACH, FL 321 TD HENDRIX, LINDA 134 DEER LAKE CIRCLE ORMOND BEACH, FL 321	76	<b>⊠</b> Defete	NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP				1 <b>∑</b> Change	☐ Addition	
CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE	1 JHON ANDERSON DR # ORMOND BEACH, FL 321 TD HENDRIX, LINDA 134 DEER LAKE CIRCLE ORMOND BEACH, FL 321 SD	76	<b>⊠</b> Defete	NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS		Rising!		1 <b>∑</b> Change	☐ Addition	
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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: Margine Duffrey-Adm. Treasurer