

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 12, 2007 8:00 am**  
**Secretary of State**

04-12-2007 90048 037 \*\*\*\*70.00

**DOCUMENT # N00000004239**

1. Entity Name

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



Principal Place of Business

Mailing Address

25 RIVERSIDE DR.  
ORMOND BCH FL 32176

25 RIVERSIDE DR.  
ORMOND BCH FL 32176



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/06)

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

7. Name and Address of New Registered Agent

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

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 registering)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2007**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: P/D ☒ Delete  
NAME: JOHNSON, PATRICIA  
STREET ADDRESS: 4 WATER OAK CIRCLE  
CITY-STATE-ZIP: ORMOND BEACH FL 32176

TITLE: P/D ☒ Change ☐ Addition  
NAME: DUFFNEY, MARGARET  
STREET ADDRESS: 1 JOHN ANDERSON DRIVE  
CITY-STATE-ZIP: ORMOND BEACH, FL 32176

TITLE: 1VP ☐ Delete  
NAME: HALSEY, ARLENE  
STREET ADDRESS: 1 JOHN ANDERSON DR #501  
CITY-STATE-ZIP: ORMOND BEACH FL 32176

TITLE: ☐ Change ☐ Addition  
NAME:   
STREET ADDRESS:   
CITY-STATE-ZIP:

TITLE: TD ☒ Delete  
NAME: DUFFNEY, MARGARET  
STREET ADDRESS: 1 JOHN ANDERSON DR  
CITY-STATE-ZIP: ORMOND BEACH FL 32176

TITLE: TO ☒ Change ☐ Addition  
NAME: HOPPER, FRANCES  
STREET ADDRESS: 1 JOHN ANDERSON DRIVE  
CITY-STATE-ZIP: ORMOND BEACH, FL 32176

TITLE: SD ☒ Delete  
NAME: BROADA, JERVIS  
STREET ADDRESS: 9 RISING MOON TR  
CITY-STATE-ZIP: ORMOND BEACH FL 32174

TITLE: SD ☒ Change ☐ Addition  
NAME: JARVIS, BRENDA  
STREET ADDRESS: 8 RISING MOON TRAIL  
CITY-STATE-ZIP: ORMOND BEACH, FL 32174

TITLE: 2VP ☐ Delete  
NAME: WHITE, JOYCE  
STREET ADDRESS: 87 NICHOLAS CT  
CITY-STATE-ZIP: ORMOND BEACH FL 32126

TITLE: ☐ Change ☐ Addition  
NAME:   
STREET ADDRESS:   
CITY-STATE-ZIP:

TITLE: ☐ Delete  
NAME:   
STREET ADDRESS:   
CITY-STATE-ZIP:

TITLE: ☐ Change ☐ Addition  
NAME:   
STREET ADDRESS:   
CITY-STATE-ZIP:

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: *Frances Hopper*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*April 4, 2007* 386-615-9451  
Date Daytime Phone #