

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000007855

FILED
Jul 29, 2009
Secretary of State

Entity Name: AHEPA 410, INC.

Current Principal Place of Business:

575 N. WILLIAMSON BLVD
DAYTONA BEACH, FL 32114

New Principal Place of Business:

Current Mailing Address:

575 N. WILLIAMSON BLVD
DAYTONA BEACH, FL 32114

New Mailing Address:

FEI Number: 59-3699587 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

PHOTIADES, STEVE
1930 BOTREE COURT
DAYTONA BEACH, FL 32124 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: PHOTIADES, STEVE
Address: 1930 BOTREE COURT
City-St-Zip: DAYTONA BEACH, FL 32124

Title: SD () Delete
Name: LASKOS, GUS
Address: 21 KANNAPOLIS PLACE
City-St-Zip: PALM COAST, FL 32164

Title: TD () Delete
Name: CONDORODIS, JOHN
Address: 4 POPLAR CT
City-St-Zip: ORMOND BEACH, FL 32174

Title: D () Delete
Name: STRATIS, TOM
Address: 1326 SHANGRI-LA DRIVE
City-St-Zip: DAYTONA BEACH, FL 32119

Title: D () Delete
Name: FUNDOUKOS, THEODORE
Address: 1001 FAULKNER STREET
City-St-Zip: NEW SMYRNA BEACH, FL 32168

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN CONDORODIS

TD

07/29/2009

Electronic Signature of Signing Officer or Director

Date