

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00928

FILED
Jan 06, 2009
Secretary of State

Entity Name: 1301 BEVILLE ROAD PROFESSIONAL PLAZA CONDOMINIUMASSOCIATION, INC.

Current Principal Place of Business:

1301 BEVILLE ROAD
DAYTONA BEACH, FL 32119

New Principal Place of Business:

1301 BEVILLE ROAD
SUITE 21
DAYTONA BEACH, FL 32119

Current Mailing Address:

1301 BEVILLE ROAD
DAYTONA BEACH, FL 32119 US

New Mailing Address:

1301 BEVILLE ROAD
SUITE 21
DAYTONA BEACH, FL 32119

FEI Number: 59-2909249

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HASTINGS, MARY LYNN
1301 BEVILLE ROAD #21
DAYTONA BEACH, FL 32119 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: TD () Delete
Name: HASTINGS, MARY LYNN
Address: 1301 BEVILLE ROAD #21
City-St-Zip: DAYTONA BEACH, FL 32119

Title: D () Delete
Name: ALLEN, DAN
Address: 1301 BEVILLE ROAD #20
City-St-Zip: DAYTONA BEACH, FL 32119

Title: P/D () Delete
Name: BAXTER, AARON
Address: 1301 BEVILLE ROAD #1
City-St-Zip: DAYTONA BEACH, FL 32119

Title: VD () Delete
Name: SCOTT, JAMES
Address: 1301 BEVALE ROAD, #6
City-St-Zip: DAYTONA BEACH, FL 32119

Title: SD () Delete
Name: DAY, ROBERT
Address: 1301 BEVILLE RD 13
City-St-Zip: DAYTONA BEACH, FL 32119

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: MARY LYNN HASTINGS

MS

01/06/2009

Electronic Signature of Signing Officer or Director

Date