

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2007 8:00 am
Secretary of State

04-06-2007 90025 039 ****70.00

DOCUMENT # N02000007304
 1. Entity Name
HARBOR VIEW DAYTONA CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
 145 N. HALIFAX AVE
 DAYTONA BEACH, FL 32118

Mailing Address
 1326 S RIDGEWOOD AVE
 14
 DAYTONA BEACH, FL 32114

40051434



2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

01082007 Chg-NP CR2E037 (12/06)

City & State

4. FEI Number
 73-1657710

Applied For
 Not Applicable

City & State

Zip Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

CLIFTEN, RONALD D JR
 1326 S RIDGEWOOD AVE
 14
 DAYTONA BEACH, FL 32114

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SHORE, STANLEY 145 N. HALIFAX AVE #304 DAYTONA BEACH, FL 32118 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V FLAHERTY, JUDITH 145 N. HALIFAX AVE #608 DAYTONA BEACH, FL 32118 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS DUPREE, SALLY 145 N HALIFAX AVE #408 DAYTONA BEACH, FL 32118 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILSON, OSCAR 145 N HALIFAX AVE #808 DAYTONA BEACH, FL 32118 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MEDFORD, JONATHAN 145 W HALIFAX AVE #204 DAYTONA BEACH, FL 32118 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRENNER, JAMES W 145 N. HALIFAX AVE #106 DAYTONA BEACH, FL 32118 <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS CHERYL HOUSE 145 N. HALIFAX AVE # 405 DAYTONA BEACH, FL 32118 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FRANK FRASER 11394 REED ISLAND DR. JACKSONVILLE, FL 32225 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT SALLY DUPREE 145 N. HALIFAX AVE #408 DAYTONA BEACH, FL 32118 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FAYE HARDEN 145 N. HALIFAX AVE # 605 DAYTONA BEACH, FL 32118 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JAMES WINEBRENNER 145 N. HALIFAX AVE # 106 DAYTONA BEACH, FL 32118 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: _____ **4/3/07** _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #