

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 26, 2006 8:00 am**  
**Secretary of State**

04-26-2006 90207 024 \*\*\*\*61.25

**DOCUMENT # N02525**

1. Entity Name  
**HALIFAX AREA LODGING ASSOCIATION, INC.**



Principal Place of Business  
**140 S BEACH ST  
STE 101  
DAYTONA BEACH, FL 32114 US**

Mailing Address  
**140 S BEACH ST  
STE 101  
DAYTONA BCH., FL 32114 US**

**40063953**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01102006 Chg-NP CR2E037 (11/05)

City & State

City & State

4. FEI Number  
**59-2406058**

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

**HOTEL MOTEL ASSOC OF VOLUSIA COUNTY  
140 D BEACH STREET  
STE 101  
DAYTONA BEACH, FL 32114**

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 reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2006**

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 **CD** ☒ Delete  
NAME **MOLNAR, FRANK**  
STREET ADDRESS **2435 S ATLANTIC AVE.**  
CITY-ST-ZIP **DAYTONA BEACH, FL 32118**

TITLE **CD** ☐ Change ☒ Addition  
NAME **Farley, Steve**  
STREET ADDRESS **1615 S. Atlantic Ave.**  
CITY-ST-ZIP **Daytona Beach, FL 32118**

TITLE **2VCD** ☐ Delete  
NAME **FORNARI, LARRY**  
STREET ADDRESS **3301 S ATLANTIC AVE**  
CITY-ST-ZIP **DAYTONA BCH SHORES, FL**

TITLE ☐ Change ☐ Addition  
NAME **140 S. Beach St., Ste. 101**  
STREET ADDRESS **Daytona Beach, FL 32114**  
CITY-ST-ZIP

TITLE **1VCD** ☐ Delete  
NAME **BROWN, GARY**  
STREET ADDRESS **2411 S ATLANTIC AVE**  
CITY-ST-ZIP **DAYTONA BCH SHORES, FL**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **P** ☐ Delete  
NAME **DAVIDSON, ROBERT**  
STREET ADDRESS **140 S BEACH ST., STE. 101**  
CITY-ST-ZIP **DAYTONA BEACH, FL 32114**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **TD** ☐ Delete  
NAME **BROWN, VIRGINIA**  
STREET ADDRESS **1 BRADDOCK AVE.**  
CITY-ST-ZIP **DAYTONA BCH, FL 32174**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **SD** ☒ Delete  
NAME **ARP, STUART**  
STREET ADDRESS **100 N ATLANTIC LANE**  
CITY-ST-ZIP **DAYTONA BEACH, FL 32118**

TITLE **SD** ☐ Change ☒ Addition  
NAME **Hughes, Sharon**  
STREET ADDRESS **308 Sunrise Blvd.**  
CITY-ST-ZIP **Debarry, FL 32713**

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**4/24/06**