


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 01, 2007 08:00 AM
Secretary of State

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	



01112007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2406058	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent HOTEL MOTEL ASSOC OF VOLUSIA COUNTY 140 D BEACH STREET STE 101 DAYTONA BEACH, FL 32114	DO NOT WRITE IN THIS SPACE
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CD FARLEY, STEVE 1615 SOUTH ATLANTIC AVE DAYTONA BEACH, FL 32118
TITLE NAME STREET ADDRESS CITY - ST - ZIP	2VCD FORNARI, LARRY 140 SOUTH BEACH ST SUITE 101 DAYTONA BEACH, FL 32114
TITLE NAME STREET ADDRESS CITY - ST - ZIP	1VCD BROWN, GARY 2411 S ATLANTIC AVE DAYTONA BCH SHORES, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P DAVIDSON, ROBERT 140 S BEACH ST., STE. 101 DAYTONA BEACH, FL 32114
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD BROWN, VIRGINIA 1 BRADDOCK AVE. DAYTONA BCH, FL 32174
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD HUGHES, SHARON 308 SUNRISE BLVD DEBARY, FL 32713

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02/06/07-80074-011 61.25

DO NOT WRITE IN THIS SPACE

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

1/29/07 386-252-6828
Date Daytime Phone #