

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02525

FILED
Apr 03, 2009
Secretary of State

Entity Name: HALIFAX AREA LODGING ASSOCIATION, INC.

Current Principal Place of Business:

1808 CONCEPT COURT
DAYTONA BEACH, FL 32114 US

New Principal Place of Business:

Current Mailing Address:

1808 CONCEPT COURT
STE 101
DAYTONA BEACH, FL 32114 US

New Mailing Address:

FEI Number: 59-2406058 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

HOTEL MOTEL ASSOC OF VOLUSIA COUNTY
1808 CONCEPT COURT
STE 101
DAYTONA BEACH, FL 32114 US

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: ROBERT DAVIDSON

04/03/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: SVCD () Delete
Name: FARLEY, STEVE
Address: 1615 S ATLANTIC AVE
City-St-Zip: DAYTONA BEACH, FL 32118

Title: 2VCD () Delete
Name: BHOOLA, MANOL
Address: 32 BROADRIVER RD
City-St-Zip: ORMOND BEACH, FL 32174

Title: 1VCD () Delete
Name: BROWN, GARY
Address: 2411 S ATLANTIC AVE
City-St-Zip: DAYTONA BCH SHORES, FL

Title: P () Delete
Name: DAVIDSON, ROBERT
Address: 18008 CONCEPT CRT
City-St-Zip: DAYTONA BEACH, FL 32114

Title: TD () Delete
Name: BROWN, VIRGINIA
Address: 1 BRADDOCK AVE.
City-St-Zip: DAYTONA BCH, FL 32174

Title: CD () Delete
Name: HUGHES, SHARON
Address: 308 SUNRISE BLVD
City-St-Zip: DEBARY, FL 32713

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: 3VCD (X) Change () Addition
Name: FARLEY, STEVE
Address: 1615 S ATLANTIC AVE
City-St-Zip: DAYTONA BEACH, FL 32118

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

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

Title: P (X) Change () Addition
Name: DAVIDSON, ROBERT
Address: 1808 CONCEPT CRT
City-St-Zip: DAYTONA BEACH, FL 32114

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: ROBERT DAVIDSON

P

04/03/2009

Electronic Signature of Signing Officer or Director

Date