## 2007 NOT-FOR-PROFIT CORPORATION

## **ANNUAL REPORT**

## DOCUMENT # N03000007071

GYMSTAR BOOSTER CLUB OF DAYTONA BEACH, INC.



Apr 25, 2007 8:00 am Secretary of State 04-25-2007 90161 005 \*\*\*\*61.25

**FILED** 

| Principal Place of Business 1101 N. ATLANTIC AVE DAYTONA BEACH, FL 32118    Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 1101 N. ATL                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                            |                                              |                                                                                                                                                                                                                                                                                      | TELE !                           |                                     |                                     |                                     |  |
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| Suite, Apt. #, etc.    Suite, Apt. #, etc.   Suite, Apt. #, etc.   Suite, Apt. #, etc.   O4222007   Chg-NP   CR2E037 (12/06)   City & State   City & State   A. FEI Number   Applied For   Not Applicable   Not Applicable   S8.75 Additional Fee Required   S                                                                                            | 1101 N. ATLANTIC AVE                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                            | 1101 N. ATLANTIC AVE                         | 2118                                                                                                                                                                                                                                                                                 |                                  |                                     |                                     |                                     |  |
| Suite, Apt. #, etc.    Suite, Apt. #, etc.   Suite, Apt. #, etc.   Suite, Apt. #, etc.   Q4222007   Chg-NP   CR2E037 (12/06)   City & State   City & State   City & State   Applied For   Not Applicable   Not Applicable   Not Applicable   Not Applicable   S8.75 Additional Fee Required   Not Applicable   S8.75 Additional Fee Required   Not Acceptable   S6.75 Additional Fee Required   Not Acceptable   Not Accept                                                                                            |                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                            |                                              |                                                                                                                                                                                                                                                                                      |                                  |                                     |                                     |                                     |  |
| City & State  Country  Country  Country  Country  S. Centificate of Status Desired  Status Desired  State Desired  State Desired  State Desired  State Desired Agent  Name  RICE, PAUL E JR. 222 SEABREEZE BLVD.  DAYTONA BEACH, FL 32118  City  FL  Zip Code  S. Treet Address (P.O. Box Number is Not Acceptable)  City  FL  Zip Code  S. Treet Address (P.O. Box Number is Not Acceptable)  City  FL  Zip Code  S. Treet Address (P.O. Box Number is Not Acceptable)  City  FL  Zip Code  S. Treet Address (P.O. Box Number is Not Acceptable)  City  FL  Zip Code  S. Treet Address (P.O. Box Number is Not Acceptable)  City  FL  Zip Code  S. Treet Address (P.O. Box Number is Not Acceptable)  City  FL  Zip Code  S. Treet Address (P.O. Box Number is Not Acceptable)  City  FL  Zip Code  S. Treet Address (P.O. Box Number is Not Acceptable)  City  FL  Zip Code  S. Treet Address (P.O. Box Number is Not Acceptable)  City  FL  Zip Code  S. Treet Address (P.O. Box Number is Not Acceptable)  City  FL  Zip Code  S. Treet Address (P.O. Box Number is Not Acceptable)  DATE  Truet Fund Committed agent or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, o                                                                                            | 2. Principal Place of Business - No P.O. Box # 3.                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                            | 3. Mailing Address                           |                                                                                                                                                                                                                                                                                      |                                  | <b>1891</b>                         |                                     |                                     |  |
| Country   Zip   Country   S. Confideate of Status Desired   \$8.75 Additional Fee Required   \$8.75 Additional Fee Required   \$6. Name and Address of Current Registered Agent   7. Name and Address of New Registered Agent   Fee Required   Fee Requ                                                                                           | Suite, Apt. #, etc.                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                            | Suite, Apt. #, etc.                          |                                                                                                                                                                                                                                                                                      | 04222007                         | Chg-NP                              | CR2E037 (12/06)                     |                                     |  |
| Country   Zip   Country   S. Corrificate of Status Desired   \$8.75 Additional Fee Required   \$8.75 Additional   \$ | City & State                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                            | City & State                                 |                                                                                                                                                                                                                                                                                      |                                  |                                     |                                     | <del>'</del>                        |  |
| S. Name and Address of Current Registered Agent   Name                                                                                                | Zìp                                                                                                                                                                                                                                                                         | Country                                                                                                                                                                                                                                                                    | Zip                                          | Country                                                                                                                                                                                                                                                                              | 5. Certificate                   | of Status Desired                   | ☐ \$8.75 Ad                         | ditional                            |  |
| RICE, PAUL E JR 222 SEABREEZE BLVD. DAYTONA BEACH, FL 32118    City   FL   Zip Code                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                             | 6. Name and Address of Current                                                                                                                                                                                                                                             | Registered Agent                             |                                                                                                                                                                                                                                                                                      | 7. Name an                       | Address of New                      |                                     |                                     |  |
| Street Address (P.O. Box Number is Not Acceptable)  City  City  FL  Zip Code  8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE  Signature, typed or perited name of registered agent and lite if applicable  Pilling Fee is \$61.25 Due by May 1, 2007  Pilling Fee is \$61.25 Due by May 1, 2007  Pilling Fee is \$61.25 Due by May 1, 2007  Pilling Fee is \$61.25 Due by May 1, 2007  Pilling Fee is \$61.25 Due by May 1, 2007  Pilling Fee is \$61.25 Due by May 1, 2007  Pilling Fee is \$61.25 Due by May 1, 2007  Pilling Fee is \$61.25 Due by May 1, 2007  Pilling Fee is \$61.25 Due by May 1, 2007  Pilling Fee is \$61.25 Due by May 1, 2007  Pilling Fee is \$61.25 Due by May 1, 2007  Pilling Fee is \$61.25 Due by May 1, 2007  Pilling Fee is \$61.25 Due by May 1, 2007  Pilling Fee is \$61.25 Due by May 1, 2007  Pilling Fee is \$61.25 Due by May 1, 2007  Pilling Fee is \$61.25 Due by May 1, 2007  Pilling Fee is \$61.25 Due by May 1, 2007  Pilling Fee is \$61.25 Due by May 1, 2007  Pilling Fee is \$61.25 Due by May 1, 2007  Pilling Fee is \$61.25 Due by May 1, 2007  Pilling Fee is \$61.25 Due by May 1, 2007  Pilling Fee is \$61.25 Due by May 1, 2007  Pilling Fee is \$61.25 Due by May 1, 2007  Pilling Fee is \$61.25 Due by May 1, 2007  Pilling Fee is \$61.25 Due by May 1, 2007  Pilling Fee is \$61.25 Due by May 1, 2007  Pilling Fee is \$61.25 Due by May 1, 2007  Pilling Fee is \$61.25 Due by May 1, 2007  Pilling Fee is \$61.25 Due by May 1, 2007  Pilling Fee is \$61.25 Due by May 1, 2007  Pilling Fee is \$61.25 Due by May 1, 2007  Pilling Fee is \$61.25 Due by May 1, 2007  Pilling Fee is \$61.25 Due by May 1, 2007  Pilling Fee is \$61.25 Due by May 1, 2007  Pilling Fee is \$61.25 Due by May 1, 2007  Pilling Fee is \$61.25 Due by May 1, 2007  Pilling Fee is \$61.25 Due by May 1, 2007  Pilling Fee is \$61.25 Due by May 1, 2007  Pilling Fee is \$61.25 Due by May 1, 2007  Pilling Fee is \$61.25 Due by May 1, 2007                                                    | DICE DALIN E ID                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                            |                                              | Name                                                                                                                                                                                                                                                                                 |                                  |                                     |                                     |                                     |  |
| 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 lite if applicable.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 222 SEABREEZE BLVD.                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                            |                                              | Street Address                                                                                                                                                                                                                                                                       |                                  | (P.O. Box Number is Not Acceptable) |                                     |                                     |  |
| 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    Superture, typed or printed name of registered agent and lite if applicable   (NOTE: Registered Agent agen                                                                                            | DATIONA                                                                                                                                                                                                                                                                     | N BEACH, I'E 52110                                                                                                                                                                                                                                                         |                                              |                                                                                                                                                                                                                                                                                      |                                  |                                     |                                     |                                     |  |
| The obligations of registered agent.  SIGNATURE    Signature, typed or printed name of registered agent and life if apolicable.   (NOTE: Registered Agent signature required when reinsisting)   DATE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                            |                                              | City                                                                                                                                                                                                                                                                                 |                                  |                                     | FL Zip Coo                          | ie                                  |  |
| SIGNATURE    Signature, typed or printed name of registered agent and little if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                            | r the purpose of changing its r              | egistered office or                                                                                                                                                                                                                                                                  | registered agent, or bo          | oth, in the State of F              | Porida. I am familiar with          | and accept                          |  |
| Filing Fee is \$61.25   P. Election Campaign Financing Due by May 1, 2007   Polete   Trust Fund Cortribution.   Added to Fees   Added to Fees   Polete   Change   Addition   Ad                                                                                             | the obligat                                                                                                                                                                                                                                                                 | ons of registered agent.                                                                                                                                                                                                                                                   |                                              |                                                                                                                                                                                                                                                                                      |                                  |                                     |                                     |                                     |  |
| Filing Fee is \$61.25   P. Election Campaign Financing Due by May 1, 2007   Polete   Trust Fund Cortribution.   Added to Fees   Added to Fees   Polete   Change   Addition   Ad                                                                                             | SIGNATURE                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                            |                                              |                                                                                                                                                                                                                                                                                      |                                  |                                     |                                     |                                     |  |
| Trust Fund Contribution.  Added to Fees  Florida Department of State  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  ITILE PD                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                             | Signature, typed or printed name of registered agent                                                                                                                                                                                                                       | and title if applicable. (NOTE:              | Registered Agent signatu                                                                                                                                                                                                                                                             | re required when reinstating)    |                                     | DATE                                |                                     |  |
| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  ITILE PD Dekete TITLE AMOLS, BARI NAME AMOLS, BARI STREET ADDRESS CITY-ST-ZIP ORMOND BEACH, FL 32174  TITLE VD Delete TITLE PAPPAS, PATTY STREET ADDRESS CITY-ST-ZIP ORMOND BEACH, FL 32176  TITLE T Delete TITLE T Delete TITLE T Delete TITLE T Delete TITLE T MAJEWSKI, PATRICIA STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | · · · · · · · · · · · · · · · · · · ·                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                            |                                              |                                                                                                                                                                                                                                                                                      |                                  |                                     |                                     |                                     |  |
| TITLE NAME AMOLS, BARI STREET ADDRESS CITY-ST-ZIP ORMOND BEACH, FL 32174 CITY-ST-ZIP  TITLE VD PAPPAS, PATTY STREET ADDRESS CITY-ST-ZIP  TITLE T ORMOND BEACH, FL 32176 TITLE STREET ADDRESS CITY-ST-ZIP  TITLE T DELET ADDRESS CITY-ST-ZIP  TITLE T DELET ADDRESS ORMOND BEACH, FL 32176 TITLE STREET ADDRESS CITY-ST-ZIP  TITLE T DELET ADDRESS ORMOND BEACH, FL 32176 TITLE STREET ADDRESS CITY-ST-ZIP  TITLE T DELET ADDRESS ORMOND BEACH, FL 32176 TITLE STREET ADDRESS CITY-ST-ZIP  TITLE T DELET ADDRESS STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                            |                                              |                                                                                                                                                                                                                                                                                      |                                  |                                     |                                     |                                     |  |
| STREET ADDRESS CITY-ST-ZIP ORMOND BEACH, FL 32174  TITLE VD PAPPAS, PATTY STREET ADDRESS CITY-ST-ZIP  TITLE ORMOND BEACH, FL 32176  TITLE T MAJEWSKI, PATRICIA SIREET ADDRESS STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 10.                                                                                                                                                                                                                                                                         | OFFICERS AND DI                                                                                                                                                                                                                                                            | RECTORS                                      | 11.                                                                                                                                                                                                                                                                                  | ADDITIONS/CH                     | HANGES TO OFFICE                    | ERS AND DIRECTORS IN                | V 10                                |  |
| CITY-S1-ZIP  TITLE VD Delete TITLE PAPPAS, PATTY STREET ADDRESS CITY-S1-ZIP  TITLE T DELET DORKSS ORMOND BEACH, FL 32176  TITLE T DELET DORKSS ORMOND BEACH, FL 32176  TITLE T DELET                                                                                            | <del> </del>                                                                                                                                                                                                                                                                | , ····································                                                                                                                                                                                                                                     |                                              |                                                                                                                                                                                                                                                                                      | ADDITIONS/CH                     | HANGES TO OFFICE                    |                                     |                                     |  |
| TITLE VD Delete TITLE NAME PAPPAS, PATTY STREET ADDRESS CITY-ST-ZIP TITLE T Delete TITLE NAME NAME SIREET ADDRESS CITY-ST-ZIP TITLE NAME SIREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | , TITLE<br>NAME                                                                                                                                                                                                                                                             | PD<br>AMOLS, BARI                                                                                                                                                                                                                                                          |                                              | TITLE<br>NAME                                                                                                                                                                                                                                                                        | ADDITIONS/CH                     | HANGES TO OFFICE                    |                                     |                                     |  |
| NAME PAPPAS, PATTY SIRET ADDRESS CITY-ST-ZIP ORMOND BEACH, FL 32176 CITY-ST-ZIP TITLE T Delete NAME NAME NAME SIRET ADDRESS SIRET ADDRESS SIRET ADDRESS SIRET ADDRESS SIRET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | ;TITLE<br>NAME<br>STREET ADDRESS                                                                                                                                                                                                                                            | PD<br>AMOLS, BARI<br>35 RIVER RIDGE TRAIL                                                                                                                                                                                                                                  |                                              | TITLE NAME STREET ADDRESS                                                                                                                                                                                                                                                            | ADDITIONS/CH                     | HANGES TO OFFICE                    |                                     |                                     |  |
| CITY-S1-ZIP  ORMOND BEACH, FL 32176  CITY-S1-ZIP  TITLE  T  Change Addition  NAME  MAJEWSKI, PATRICIA  SIREET ADDRESS  40 WISTERIA DR  CITY-S1-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | , TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP                                                                                                                                                                                                                                  | PD<br>AMOLS, BARI<br>35 RIVER RIDGE TRAIL<br>ORMOND BEACH, FL 32174                                                                                                                                                                                                        | ☐ Delete                                     | TITLE NAME STREET ADDRESS CITY-S1-ZIP                                                                                                                                                                                                                                                | ADDITIONS/CH                     | HANGES TO OFFICE                    | ☐ Change                            | Addition                            |  |
| TITLE T Delete TITLE Change Addition  NAME MAJEWSKI, PATRICIA NAME  STREET ADDRESS 40 WISTERIA DR STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | ; TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE                                                                                                                                                                                                                               | PD AMOLS, BARI 35 RIVER RIDGE TRAIL ORMOND BEACH, FL 32174 VD PAPPAS, PATTY                                                                                                                                                                                                | ☐ Delete                                     | TITLE NAME STREET ADDRESS CITY-S1-ZIP TITLE                                                                                                                                                                                                                                          | ADDITIONS/CH                     | HANGES TO OFFICE                    | ☐ Change                            | Addition                            |  |
| NAME MAJEWSKI, PATRICIA NAME SIREET ADDRESS 40 WISTERIA DR SIREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | ; TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS                                                                                                                                                                                                           | PD AMOLS, BARI 35 RIVER RIDGE TRAIL ORMOND BEACH, FL 32174 VD PAPPAS, PATTY 39 NEPTUNE AVE                                                                                                                                                                                 | ☐ Delete                                     | TITLE NAME STREET ADDRESS CITY-S1-ZIP TITLE NAME STREET ADDRESS                                                                                                                                                                                                                      | ADDITIONS/CH                     | HANGES TO OFFICE                    | ☐ Change                            | Addition                            |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | , TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP                                                                                                                                                                                               | PD AMOLS, BARI 35 RIVER RIDGE TRAIL ORMOND BEACH, FL 32174 VD PAPPAS, PATTY 39 NEPTUNE AVE ORMOND BEACH, FL 32176                                                                                                                                                          | □ Delete                                     | TITLE NAME STREET ADDRESS CITY-S1-ZIP TITLE NAME STREET ADDRESS CITY-S1-ZIP                                                                                                                                                                                                          | ADDITIONS/CH                     | HANGES TO OFFICE                    | ☐ Change                            | Addition                            |  |
| CITY-ST-ZIP ORMOND BEACH, FL 32176                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | ;TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE                                                                                                                                                                                          | PD AMOLS, BARI 35 RIVER RIDGE TRAIL ORMOND BEACH, FL 32174 VD PAPPAS, PATTY 39 NEPTUNE AVE ORMOND BEACH, FL 32176 T                                                                                                                                                        | □ Delete                                     | TITLE NAME STREET ADDRESS CITY-S1-ZIP TITLE NAME STREET ADDRESS CITY-S1-ZIP TITLE                                                                                                                                                                                                    | ADDITIONS/CH                     | HANGES TO OFFICE                    | ☐ Change                            | Addition                            |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | ; TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS                                                                                                                                                                     | PD AMOLS, BARI 35 RIVER RIDGE TRAIL ORMOND BEACH, FL 32174 VD PAPPAS, PATTY 39 NEPTUNE AVE ORMOND BEACH, FL 32176 T MAJEWSKI, PATRICIA 40 WISTERIA DR                                                                                                                      | □ Delete                                     | TITLE NAME STREET ADDRESS CITY-S1-ZIP TITLE NAME STREET ADDRESS CITY-S1-ZIP TITLE NAME                                                                                                                                                                                               | ADDITIONS/CH                     | HANGES TO OFFICE                    | ☐ Change                            | Addition                            |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | , TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP                                                                                                                                                         | PD AMOLS, BARI 35 RIVER RIDGE TRAIL ORMOND BEACH, FL 32174 VD PAPPAS, PATTY 39 NEPTUNE AVE ORMOND BEACH, FL 32176 T MAJEWSKI, PATRICIA 40 WISTERIA DR ORMOND BEACH, FL 32176                                                                                               | ☐ Delete ☐ Delete ☐ Delete                   | TITLE NAME STREET ADDRESS CITY-S1-ZIP TITLE NAME STREET ADDRESS CITY-S1-ZIP TITLE NAME STREET ADDRESS CITY-S1-ZIP                                                                                                                                                                    | ADDITIONS/CH                     | HANGES TO OFFICE                    | ☐ Change ☐ Change                   | Addition  Addition                  |  |
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| CITY-ST-ZIP ORMOND BEACH, FL 32174 CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | ; TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME TITLE NAME TITLE NAME                                                                                                                        | PD AMOLS, BARI 35 RIVER RIDGE TRAIL ORMOND BEACH, FL 32174 VD PAPPAS, PATTY 39 NEPTUNE AVE ORMOND BEACH, FL 32176 T MAJEWSKI, PATRICIA 40 WISTERIA DR ORMOND BEACH, FL 32176 SD CARA, HAREN                                                                                | ☐ Delete ☐ Delete ☐ Delete                   | TITLE NAME STREET ADDRESS CITY-S1-ZIP TITLE NAME                                                                                                                   | HAREN, CAI                       |                                     | ☐ Change ☐ Change                   | Addition  Addition                  |  |
| TITLE T Delete TITLE MCGRANE, BENIE Delete MCGRANE, GENIE Delete MCGRANE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | ; TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS                                                                                         | PD AMOLS, BARI 35 RIVER RIDGE TRAIL ORMOND BEACH, FL 32174 VD PAPPAS, PATTY 39 NEPTUNE AVE ORMOND BEACH, FL 32176 T MAJEWSKI, PATRICIA 40 WISTERIA DR ORMOND BEACH, FL 32176 SD CARA, HAREN 1789 CHERRY LAURL DR                                                           | ☐ Delete ☐ Delete ☐ Delete                   | TITLE NAME STREET ADDRESS CITY-S1-ZIP TITLE NAME STREET ADDRESS                                                              |                                  |                                     | ☐ Change ☐ Change                   | Addition  Addition                  |  |
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| CITY-ST-ZIP ORMOND BEACH, FL 32174                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | ; TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME TITLE NAME TITLE NAME                                                                                  | PD AMOLS, BARI 35 RIVER RIDGE TRAIL ORMOND BEACH, FL 32174 VD PAPPAS, PATTY 39 NEPTUNE AVE ORMOND BEACH, FL 32176 T MAJEWSKI, PATRICIA 40 WISTERIA DR ORMOND BEACH, FL 32176 SD CARA, HAREN 1789 CHERRY LAURL DR ORMOND BEACH, FL 32174 T MCGRANE, BENIE                   | ☐ Delete ☐ Delete ☐ Delete ☐ Delete          | TITLE NAME STREET ADDRESS CITY-S1-ZIP TITLE NAME                                                                             | HAREN, CAI<br>SAME<br>MCGRANE, C | <b>R</b> A                          | ☐ Change ☐ Change ☐ Change          | Addition Addition Addition          |  |
| TITLE Delete TITLE Change Addition                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | ; TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS                                                   | PD AMOLS, BARI 35 RIVER RIDGE TRAIL ORMOND BEACH, FL 32174 VD PAPPAS, PATTY 39 NEPTUNE AVE ORMOND BEACH, FL 32176 T MAJEWSKI, PATRICIA 40 WISTERIA DR ORMOND BEACH, FL 32176 SD CARA, HAREN 1789 CHERRY LAURL DR ORMOND BEACH, FL 32174 T MCGRANE, BENIE 2001 N. BEACH ST. | ☐ Delete ☐ Delete ☐ Delete ☐ Delete          | TITLE NAME STREET ADDRESS CITY-S1-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS                        | HAREN, CAI                       | <b>R</b> A                          | ☐ Change ☐ Change ☐ Change          | Addition Addition Addition          |  |
| NAME NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | ; TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD AMOLS, BARI 35 RIVER RIDGE TRAIL ORMOND BEACH, FL 32174 VD PAPPAS, PATTY 39 NEPTUNE AVE ORMOND BEACH, FL 32176 T MAJEWSKI, PATRICIA 40 WISTERIA DR ORMOND BEACH, FL 32176 SD CARA, HAREN 1789 CHERRY LAURL DR ORMOND BEACH, FL 32174 T MCGRANE, BENIE 2001 N. BEACH ST. | ☐ Delete ☐ Delete ☐ Delete ☐ Delete ☐ Delete | TITLE NAME STREET ADDRESS CITY-S1-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP                                                  | HAREN, CAI<br>SAME<br>MCGRANE, C | <b>R</b> A                          | ☐ Change ☐ Change ☐ Change ☐ Change | Addition Addition Addition Addition |  |
| STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | ; TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME                            | PD AMOLS, BARI 35 RIVER RIDGE TRAIL ORMOND BEACH, FL 32174 VD PAPPAS, PATTY 39 NEPTUNE AVE ORMOND BEACH, FL 32176 T MAJEWSKI, PATRICIA 40 WISTERIA DR ORMOND BEACH, FL 32176 SD CARA, HAREN 1789 CHERRY LAURL DR ORMOND BEACH, FL 32174 T MCGRANE, BENIE 2001 N. BEACH ST. | ☐ Delete ☐ Delete ☐ Delete ☐ Delete ☐ Delete | TITLE NAME STREET ADDRESS CITY-S1-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME | HAREN, CAI<br>SAME<br>MCGRANE, C | <b>R</b> A                          | ☐ Change ☐ Change ☐ Change ☐ Change | Addition Addition Addition 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: