

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000008654

**FILED**  
**Jan 15, 2012**  
**Secretary of State**

**Entity Name:** DAYBREAK WOODS HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

4736 BLANDING BLVD  
JACKSONVILLE, FL 32210

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 350210  
JACKSONVILLE, FL 32235

**New Mailing Address:**

C/O FLORIDA PROPERTY & ASSN MGMT  
POST OFFICE BOX 440367  
JACKSONVILLE, FL 322220004

**FEI Number:** 20-3469441

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

FLORIDA PROPERTY & ASSOCIATION MANAGEMENT  
4736 BLANDING BLVD  
JACKSONVILLE, FL 32210 US

**Name and Address of New Registered Agent:**

BECKER & POLIAKOFF, P.A.  
2500 MAITLAND CENTER PARKWAY, SUITE 209  
MAITLAND, FL 32751 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

**SIGNATURE:** BRIAN P. MILES

01/15/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** PD  
**Name:** ZEAL, MICHAEL E  
**Address:** 4736 BLANDING BLVD  
**City-St-Zip:** JACKSONVILLE, FL 32210 US

**Title:** DV  
**Name:** MCGRAW, BARRY C  
**Address:** 4736 BLANDING BLVD  
**City-St-Zip:** JACKSONVILLE, FL 32210 US

**Title:** DST  
**Name:** MCVAY, CAROL  
**Address:** 4736 BLANDING BLVD  
**City-St-Zip:** JACKSONVILLE, FL 32210 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

**SIGNATURE:** MICHAEL E. ZEAL

PD

01/15/2012

Electronic Signature of Signing Officer or Director

Date