

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000008655

FILED
May 31, 2006
Secretary of State

Entity Name: DAYBREAK WOODS PHASE II HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

P. O. BOX 26344
JACKSONVILLE, FL 32226

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 26344
JACKSONVILLE, FL 32226

New Mailing Address:

FEI Number: 20-3469441 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

LOPEZ, JOHN J PRES.
12696 DAYLIGHT TRAIL
SUITE 2
JACKSONVILLE, FL 32218 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: FVP () Delete
Name: BALBOAL, SALAH FVP
Address: 1224 DAWNLIGHT RD
City-St-Zip: JACKSONVILLE, FL 32218

Title: SVP (X) Delete
Name: TURNER, DENNIS SVP
Address: 12648 DAYLIGHT TRAIL
City-St-Zip: JACKSONVILLE, FL 32218

Title: TRES () Delete
Name: JOHNSON, GLENN TRES.
Address: 1259 SUNRAY CT
City-St-Zip: JACKSONVILLE, FL 32218

Title: SEC () Delete
Name: PARISEAU, AIMEE SEC
Address: 1107 DAWNLIGHT RD
City-St-Zip: JACKSONVILLE, FL 32218

Title: DIR (X) Delete
Name: HERRINGTON, THOMAS W DIR.
Address: 12704 DAYLIGHT TRAIL
City-St-Zip: JACKSONVILLE, FL 32218

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GLENN L. JOHNSON

TRES

05/31/2006

Electronic Signature of Signing Officer or Director

Date