

**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # N04000005286

1. Entity Name  
PORT ORANGE AIRPORT ROAD OWNERS  
ASSOCIATION, INC.



Principal Place of Business  
444 SEABREEZE BLVD  
SUITE 1000  
DAYTONA BEACH, FL 32118

Mailing Address  
444 SEABREEZE BLVD  
SUITE 1000  
DAYTONA BEACH, FL 32118

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Zip

Country

01062006 Chg-NP CR2E037 (11/05)

4. FEI Number  
Applied For  Applied For  Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TOWER, DEVIN  
444 SEABREEZE BLVD.  
DAYTONA BEACH, FL 32118

Name Lichtigman, Charles

Street Address (P.O. Box Number is Not Acceptable)  
444 Seabreeze Blvd., Suite 1000

City Daytona Beach FL 32118

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

*Charles L. Lichtigman M.C.*

*4/20/06*

**Filing Fee is \$61.25  
Due by May 1, 2006**

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

Make check payable to  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE P  Delete  
NAME TOWER, DEVIN  
STREET ADDRESS 444 SEABREEZE BLVD., SUITE 1000  
CITY-ST-ZIP DAYTONA BEACH, FL 32118

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE S  Delete  
NAME LICHTIGMAN, CHARLES S  
STREET ADDRESS 444 SEABREEZE BLVD., SUITE 1000  
CITY-ST-ZIP DAYTONA BEACH, FL 32118

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE T  Delete  
NAME BRYANT, RUSSELL  
STREET ADDRESS 444 SEABREEZE BLVD., SUITE 1000  
CITY-ST-ZIP DAYTONA BEACH, FL 32118

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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: *Charles L. Lichtigman*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4/20/06 3862383600*

Date Daytime Phone #