

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 30, 2007 8:00 am**  
**Secretary of State**

04-30-2007 90864 022 \*\*\*\*61.25

<b>DOCUMENT # N04000005286</b> 1. Entity Name <b>PORT ORANGE AIRPORT ROAD OWNERS ASSOCIATION, INC.</b>					
Principal Place of Business <b>444 SEABREEZE BLVD SUITE 1000 DAYTONA BEACH, FL 32118</b>			Mailing Address <b>444 SEABREEZE BLVD SUITE 1000 DAYTONA BEACH, FL 32118</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	01172007 Chg-NP CR2E037 (12/06)	
4. FEI Number <b>APPLIED FOR 36-0224859</b>				<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>LICHTIGMAN, CHARLES 444 SEABREEZE BLVD. SUITE 1000 DAYTONA BEACH, FL 32118</b>			7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ <b>FL</b> Zip Code _____		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S <b>LICHTIGMAN, CHARLES S</b> <b>444 SEABREEZE BLVD., SUITE 1000</b> <b>DAYTONA BEACH, FL 32118</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T <b>BRYANT, RUSSELL</b> <b>444 SEABREEZE BLVD., SUITE 1000</b> <b>DAYTONA BEACH, FL 32118</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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.					
<b>SIGNATURE:</b> <u>Charles S. Lichtigman</u> <b>4/25/07</b> <b>386-238-3600</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

# ATTACHMENT

66017181  
# J04000005286

<b>Form SS-4</b> <small>(Rev. December 2001) Department of the Treasury Internal Revenue Service</small>	<b>Application for Employer Identification Number</b> <small>(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, Indian tribal entities, certain individuals, and others.)</small> <b>▶ See separate instructions for each line. ▶ Keep a copy for your records.</b>	<b>EIN</b>  26-0224859  <small>OMB No. 1545-0003</small>
<b>1* Legal name of entity (or individual) for whom the EIN is being requested</b> Port Orange Airport Road Owners Association Inc		
<b>2 Trade name of business (if different from name on line 1)</b>		<b>3 Executor, trustee, "care of" name</b>
<b>4a* Mailing address (room, apt., suite no. and street, or P.O. box)</b> 444 Seabreeze Blvd Suite 1000		<b>5a Street address (if different) (Do not enter a P.O. box)</b>
<b>4b* City, state, and ZIP code</b> Daytona Beach FL 32118 -		<b>5b City, state, and ZIP code</b>
<b>6* County and state where principal business is located</b> County Volusia State FL		
<b>7a* Name of principal officer, general partner, grantor, owner, or trustor</b> Charles S Lichtgman		<b>7b* SSN, ITIN, EIN</b> 119-32-3731
<b>8a* Type of entity (check only one)</b> <input type="checkbox"/> Sole Proprietor (SSN) <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> Corporation (enter form number to be filed) ▶ <input type="checkbox"/> Personal Service <input type="checkbox"/> Church or church-controlled organization <input type="checkbox"/> Other nonprofit organization (specify) ▶ <input type="checkbox"/> Other (specify) ▶ <div style="float: right; text-align: right;"> <input type="checkbox"/> Estate (SSN of decedent)  <input type="checkbox"/> Plan administrator (SSN)  <input type="checkbox"/> Trust (SSN of grantor)  <input type="checkbox"/> National Guard  <input type="checkbox"/> Farmers' cooperative  <input type="checkbox"/> REMIC                      Group Exemption NO. (GEN) ▶                 </div>		
<b>8b* If a corporation, name the state or foreign country (if applicable) where incorporated</b>		State FL Foreign country
<b>9* Reason for applying (check only one)</b> <input checked="" type="checkbox"/> Started new business (specify type) ▶ POA <input type="checkbox"/> Hired employees (Check the box and see line 12) <input type="checkbox"/> Compliance with IRS withholding regulations <input type="checkbox"/> Other (specify) ▶ <div style="float: right; text-align: right;"> <input type="checkbox"/> Banking purpose (specify purpose) ▶  <input type="checkbox"/> Changed type of organization (specify new type) ▶  <input type="checkbox"/> Purchased going business  <input type="checkbox"/> Created a trust (specify type) ▶  <input type="checkbox"/> Created a pension plan (specify type) ▶                 </div>		
<b>10* Date business started or acquired (month, day, year)</b> MAY 23 2007		<b>11* Closing month of accounting year</b> DEC
<b>12 First date wages or annuities were paid or will be paid (month, day, year)</b> <i>Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (month, day, year) . . . . . ▶</i>		
<b>13 Highest number of employees expected in the next twelve months</b> <i>Note: If the applicant does not expect to have any employees during the period, enter "-0-" . . . . . ▶</i>		Agriculture 0 Household 0 Other 0
<b>14* Check box that best describes the principal activity of your business</b> <input type="checkbox"/> Construction <input type="checkbox"/> Rental & leasing <input type="checkbox"/> Transportation & warehousing <input type="checkbox"/> Health care & social assistance <input type="checkbox"/> Wholesale-agent/broker <input checked="" type="checkbox"/> Real estate <input type="checkbox"/> Manufacturing <input type="checkbox"/> Finance & insurance <input type="checkbox"/> Accommodation & food service <input type="checkbox"/> Wholesale-other <input type="checkbox"/> Other (specify)		
<b>15* Indicate principal line of merchandise sold; specific construction work done; products produced; or services provided.</b> Property Management		
<b>16a* Has the applicant ever applied for an employer identification number for this or any other business? . . . . .</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>Note if "Yes" please complete lines 16b and 16c</i>		
<b>16b If you checked "Yes" on line 16a, give applicant's legal name and trade name shown on prior application if different from line 1 or 2 above.</b> Legal name ▶ Trade name ▶		
<b>16c Approximate date when, and city and state where, the application was filed. Enter previous employer identification number if known.</b> Approximate date when filed (month, day, year)    City and state where filed    Previous EIN		
Complete section only if you want to authorize the named individual to receive the entity's EIN and answer questions about the completion of this form		
Third Party Designee	Designee's name	Designee's telephone number (include area code)
	Address and ZIP code	( ) - Designee's fax number (include area code) ( ) -
Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete. Name and title (type or print clearly)		Applicant's telephone number (include area code)