

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2007 8:00 am
Secretary of State

04-13-2007 90180 049 ****61.25

DOCUMENT # N05000009147					
1. Entity Name VOLUSIA HOME BUILDERS ASSOCIATION BUILDERS CARE, INC.					
Principal Place of Business 3520 W INTERNATIONAL SPEEDWAY BLVD DAYTONA BEACH, FL 32124			Mailing Address 3520 W INTERNATIONAL SPEEDWAY BLVD DAYTONA BEACH, FL 32124		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		04062007 Chg-NP CR2E037 (12/06)	
Zip		Country		4. FEI Number 20-3427690	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
A1A REGISTERED AGENT INC. 92 SADBERRY RD. QUINCY, FL 32351				Name <u>SUSAN DARDEN</u> Street Address (P.O. Box Number is Not Acceptable) <u>3520 W. INTERNATIONAL Speedway Blvd</u> City <u>DAYTONA BEACH</u> FL Zip Code <u>32124</u>	
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 <u>Susan H. Darden</u> <u>Susan H. Darden</u> <u>4/10/07</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 NAME STREET ADDRESS CITY-ST-ZIP	DP JAROSIK, TOM 4000 OLD DIXIE HIGHWAY ORMOND BEACH, FL 32174	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/C/D JOHN BEACH 1126 PELICAN BAY DR. DAYTONA BEACH, FL 32119	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS DARDEN, SUSAN 3520 W INTERNATIONAL SPEEDWAY BLVD DAYTONA BEACH, FL 32124	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOANNE STURGEVANT 1126 PELICAN BAY DR. DAYTONA BEACH, FL 32119	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP CONLEY, STEVE 350 N PINE MEADOW DR DEBARY, FL 32713	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOANNE STURGEVANT 1126 PELICAN BAY DR. DAYTONA BEACH, FL 32119	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JANZEN, STAN P.O. BOX 730299 ORMOND BEACH, FL 32173	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T KIM MAY 1737 N. LLYDE MORRIS BLVD Suite 120 DAYTONA BEACH, FL 32117	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BOLERJACK, DAN 42 S. PENINSULA DRIVE DAYTONA BEACH, FL 32118	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T KIM MAY 1737 N. LLYDE MORRIS BLVD Suite 120 DAYTONA BEACH, FL 32117	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BOLERJACK, DAN 42 S. PENINSULA DRIVE DAYTONA BEACH, FL 32118	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T KIM MAY 1737 N. LLYDE MORRIS BLVD Suite 120 DAYTONA BEACH, FL 32117	<input type="checkbox"/> Change <input checked="" 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.					
SIGNATURE: <u>John Beach</u> <u>John Beach</u> <u>4/06/07</u> <u>386-322-6323</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					