

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 22, 2008 8:00 am**  
**Secretary of State**

04-22-2008 90027 022 \*\*\*\*61.25

<b>DOCUMENT # N06000000496</b>					
<b>1. Entity Name</b> DAYTONA HIGHLANDS CIVIC ASSOCIATION INC					
<b>Principal Place of Business</b> 1116 MADRID AVE. DAYTONA BEACH, FL 32114			<b>Mailing Address</b> 1116 MADRID AVE. DAYTONA BEACH, FL 32114		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	<b>4. FEI Number</b> 20-4067332	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>		
RADCLIFF, KATHY 1116 MADRID AVE DAYTONA BEACH, FL 32114			Name <b>RADCLIFFE, KATHI</b> Street Address (P.O. Box Number is Not Acceptable) <b>1116 MADRID AVE.</b> <b>DAYTONA BEACH</b> City <b>FL</b> Zip Code <b>32114</b>		
<b>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.</b>					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		<b>9. Election Campaign Financing</b> 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>		
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> NEWBERRY, JESS <input type="checkbox"/> Delete 512 TARRAGONA WAY DAYTONA BEACH, FL 32114		<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> GARY KEMMER <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1144 CORDOVA DAYTONA BEACH, FL 32114	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> CAMARA, TANYA <input checked="" type="checkbox"/> Delete 444 TARRAGONA WAY DAYTONA BEACH, FL 32114		<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> TANYA, CAMARA <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 444 TARRAGONA WAY DAYTONA BEACH, FL 32114	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> FREEMAN, KEITH E <input checked="" type="checkbox"/> Delete 1153 AUSTRALIA AVE DAYTONA BEACH, FL 32114		<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> TOM STELLING <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 617 S. LANVALE DAYTONA BEACH, FL 32114	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> RADCLIFFE, KATHY <input type="checkbox"/> Delete 1116 MADRID AVE DAYTONA BEACH, FL 32114		<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>V/S</b> KATHI RADCLIFFE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1116 MADRID AVE. DAYTONA BEACH, FL 32114	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> FREEMAN, ANJELA A <input checked="" type="checkbox"/> Delete 1153 AUSTRALIA AVE DAYTONA BEACH, FL 32114		<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> JANET LINDLEY <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1116 MADRID AVE. DAYTONA BEACH, FL 32114	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> MARZITELLI, FRANK <input type="checkbox"/> Delete 100 TARRAGONA WAY DAYTONA BEACH, FL 32114		<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>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>					
<b>SIGNATURE:</b> <u>Kathi Radcliffe</u> KATHI RADCLIFFE 4/17/08 (386)253-6136 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					