

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 02, 2008 08:00 AM
Secretary of State

DOCUMENT # N06000001712

1. Entity Name
**DESTINATION DAYTONA BUILDING 2 CONDOMINIUM
ASSOCIATION, INC.**



Principal Place of Business
**1647 N US HIGHWAY 1
ORMOND BEACH, FL 32174**

Mailing Address
**C/O CHARLES D HOOD, JR.
444 SEABREEZE BLVD., SUITE 900
DAYTONA BEACH, FL 32118**

DO NOT WRITE IN THIS SPACE



03242008 No Chg-NP CR2E037 (4/06)

4. FE# Number
20-5731578

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**HOOD, CHARLES D JR.
444 SEABREEZE BLVD
SUITE 900
DAYTONA BEACH, FL 32118**

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IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	STRASSER, CHARLES L
STREET ADDRESS	1042 N U.S. HWY 1
CITY-ST-ZIP	ORMOND BEACH, FL 32174
TITLE	VPTD
NAME	ROSSMEYER, BRUCE
STREET ADDRESS	444 SEABREEZE BLVD, SUITE 900
CITY-ST-ZIP	DAYTONA BEACH, FL 32118
TITLE	SD
NAME	HOOD, CHARLES D JR.
STREET ADDRESS	444 SEABREEZE BLVD, SUITE 900
CITY-ST-ZIP	DAYTONA BEACH, FL 32118
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/14/08-80038-004 61.25

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IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/28/08