

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2008 8:00 am
Secretary of State

04-30-2008 90176 050 ****61.25

DOCUMENT # N06000011055 1. Entity Name SALIDA DEL SOL OWNERS ASSOCIATION, INC.			
Principal Place of Business 2901 SOUTH RIDGEWOOD AVE SOUTH DAYTONA, FL 32119		Mailing Address 2901 SOUTH RIDGEWOOD AVE SOUTH DAYTONA, FL 32119	
2. Principal Place of Business - No P.O. Box # 3737 SOUTH ATLANTIC AVE		3. Mailing Address 3737 SOUTH ATLANTIC AVENUE	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State DAYTONA BEACH SHORES FL		City & State DAYTONA BEACH SHORES FL	
Zip 32118		Zip 32118	
Country USA - Volusia		Country VOLUSIA	
6. Name and Address of Current Registered Agent WALDRON, EDMUND J 2901 SOUTH RIDGEWOOD AVE SOUTH DAYTONA, FL 32119		7. Name and Address of New Registered Agent Name EDMUND J WALDRON Street Address (P.O. Box Number is Not Acceptable) 125 ANN RUSTIN DRIVE City ORMOND BEACH FL Zip Code 32176	
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 EDMUND J. WALDRON DATE 4/26/08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$61.25 Due by May 1, 2008		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 CALLAHAN, JOHN T III 1 BUTTERCUP LANE SOUTH YARMOUTH, MA 02664 <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	DST WALDRON, EDMUND J 125 ANN RUSTIN DRIVE ORMOND BEACH, FL 32176 <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	DV SAWYER, DAVID 603 NORSE STREET PALM BAY, FL 32907 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV THOMAS GOSLIN 3737 SOUTH ATLANTIC AVE DAYTONA BEACH SHORES FL 32118 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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
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
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 officer 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: EDMUND J. WALDRON		Date 4/28/08 Daytime Phone # 386 767 4575	