

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000003691

FILED
Jan 13, 2009
Secretary of State

Entity Name: FLORIDA DAYS HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

1785 VICTORY'S PATH TRAIL
NEW SMYRNA BEACH, FL 32168

New Principal Place of Business:

Current Mailing Address:

POST BOX 1202
NEW SMYRNA BEACH, FL 32170

New Mailing Address:

FEI Number: 30-0465413

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HICKSON, MICHAEL L
1785 VICTORY'S PATH TRAIL
NEW SMYRNA BEACH, FL 32168 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: HICKSON, MICHAEL L
Address: POST OFFICE BOX 32170
City-St-Zip: NEW SMYRNA BEACH, FL 32170

Title: D () Delete
Name: HICKSON, SUSAN S
Address: POST OFFICE BOX 32170
City-St-Zip: NEW SMYRNA BEACH, FL 32170

Title: D () Delete
Name: HICKSON, JAKE
Address: POST OFFICE BOX 32170
City-St-Zip: NEW SMYRNA BEACH, FL 32170

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL L. HICKSON

D

01/13/2009

Electronic Signature of Signing Officer or Director

Date