

DOCUMENT # N13635

1. Entity Name

911 PLAZA OWNER'S ASSOCIATION, INC.



FILED
Mar 01, 2007 08:00 AM
Secretary of State



Principal Place of Business

Mailing Address

911 BEVILLE ROAD, STE 2
S. DAYTONA FL 32119911 BEVILLE ROAD, STE 2
S. DAYTONA FL 32119

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/06)

4. FEI Number

59-2673340

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ROSE, JAMES L ESQ.
222 SEABREEZE BLVD.
DAYTONA BEACH FL 32118

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

FILE NOW: FEE IS \$61.25
Due By May 1, 20079. Election Campaign Financing
Trust Fund Contribution. ☐**\$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	PD	<input type="checkbox"/> Delete
NAME	HEFFINGTON, RAYMOND	
STREET ADDRESS	911 BEVILLE RD, STE 6	
CITY-STATE-ZIP	SOUTH DAYTONA FL 32119	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

TITLE	VD	<input type="checkbox"/> Delete
NAME	HALE, WILLIAM J DDS	
STREET ADDRESS	911 BEVILLE RD, STE 1	
CITY-STATE-ZIP	SOUTH DAYTONA FL 32119	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

TITLE	STD	<input type="checkbox"/> Delete
NAME	SLOANE, KRISTINE	
STREET ADDRESS	39 TIMBER TRAIL	
CITY-STATE-ZIP	PORT ORANGE FL	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-STATE-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Kristine Sloane / Kristine Sloane STD

2-23-07 386-756-3600