2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2009
Secretary of State

DOCUMENT# N13635

Entity Name: 911 PLAZA OWNER'S ASSOCIATION, INC .

Current Principal Place of Business:

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

New Principal Place of Business:

911 BEVILLE ROAD
SUITE 2
S. DAYTONA, FL 32119

Current Mailing Address:

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

New Mailing Address:

911 BEVILLE ROAD
SUITE 2
S. DAYTONA, FL 32119

FEI Number: 59-2673340 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ROSE, JAMES L ESQ.
222 SEABREEZE BLVD.
DAYTONA BEACH, FL 32118 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: PD ( ) Delete
Name: HEFFINGTON, RAYMOND
Address: 911 BEVILLE RD, STE 6
City-St-Zip: SOUTH DAYTONA, FL 32119

Title: VD ( ) Delete
Name: HALE, WILLIAM J DDS
Address: 911 BEVILLE RD, STE 1
City-St-Zip: SOUTH DAYTONA, FL 32119

Title: STD ( ) Delete
Name: SLOANE, KRISTINE
Address: 39 TIMBER TRAIL
City-St-Zip: PORT ORANGE, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: STD (X) Change ( ) Addition
Name: SLOANE, KRISTINE
Address: 911 BEVILLE RD., SUITE 2
City-St-Zip: SOUTH DAYTONA, FL 321119

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: KRISTINE SLOANE STD 04/12/2009

Electronic Signature of Signing Officer or Director — Date