

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N21537

FILED
Mar 24, 2009
Secretary of State

Entity Name: VOLUSIA COUNTY ASSOCIATION FOR RESPONSIBLE DEVELOPMENT, INC.

Current Principal Place of Business:

126 E. ORANGE AVE.
DAYTONA BEACH, FL 32114 US

New Principal Place of Business:

Current Mailing Address:

P O BOX 2475
DAYTONA BEACH, FL 32115 US

New Mailing Address:

FEI Number: 59-2687755 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

CASTAGNACCI, DAVID J DIRECTO
126 E. ORANGE AVENUE
DAYTONA BEACH, FL 32114 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: C () Delete
Name: IVEY, JOEL CHAIRMA
Address: 1349 S. INTERNATIONAL PARKWAY SUITE 2441
City-St-Zip: LAKE MARY, FL 32746

Title: T () Delete
Name: NOWWISKIE, RON TREASUR
Address: 275 CLYDE MORRIS BLVD
City-St-Zip: ORMOND BEACH, FL 32174

Title: D () Delete
Name: CASTAGNACCI, DAVID J DIRECTO
Address: 126 EAST ORANGE AVENUE
City-St-Zip: DAYTONA BEACH, FL 32114

Title: S () Delete
Name: WATTS, MARK SECRETA
Address: 351 EAST NEW YORK AVENUE SUITE 200
City-St-Zip: DELAND, FL 32724

Title: V () Delete
Name: LASSITER, ROBERT S VICE CH
Address: 123 LIVE OAK AVENUE
City-St-Zip: DAYTONA BEACH, FL 32114

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:

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: DAVID J. CASTAGNACCI

DIRE

03/24/2009

Electronic Signature of Signing Officer or Director

Date