


FILE NOW: FILING FEE IS \$61.25

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Feb 09 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N29478** (7)
1. Corporation Name

MARGARITA SOCIETY OF VOLUSIA COUNTY, INC.



Principal Place of Business GRANSTROM REAL ESTATE 6941 S ATLANTIC AVE NEW SMYRNA BEACH FL 32169 US	Mailing Address GRANSTROM REAL ESTATE 6941 S ATLANTIC AVE NEW SMYRNA BEACH FL 32169 US
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified 11/15/1988	4. FEI Number 59-2948805	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

9. Name and Address of Current Registered Agent GRANSTROM, ROBERT A 6941 S ATLANTIC AVE NEW SMYRNA BEACH FL 32169

10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code FL

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ DATE **1/6/98**
Signature, typed or printed name of registered agent and title if applicable (NOT) Registered Agent signature required when reinstating

12. OFFICERS AND DIRECTORS	
TITLE	DS <input checked="" type="checkbox"/> DELETE
NAME	DAVENPORT, BUDDY
STREET ADDRESS	1708 STATE RD 44
CITY-ST-ZIP	NEW SMYRNA BCH FL
TITLE	DVP <input checked="" type="checkbox"/> DELETE
NAME	REDMAN, BILL
STREET ADDRESS	7017 S ATLANTIC AVE
CITY-ST-ZIP	NEW SMYRNA BCH FL
TITLE	DS <input type="checkbox"/> DELETE
NAME	GRANSTROM, BOB
STREET ADDRESS	6941 SO. ATLANTIC AVE.
CITY-ST-ZIP	NEW SMYRNA BCH FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	PO David Houd
1.3 STREET ADDRESS	P.O. Box 15200
1.4 CITY-ST-ZIP	Daytona Beach FL 32115
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	DVP Marcel J. Thomas
2.3 STREET ADDRESS	109 Arbor Lane
2.4 CITY-ST-ZIP	Edgewater FL 32141
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ DATE **1/6/98**

CR2E037 (10/97)