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Secretary of State

03-01-1999 90025 012 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # N29478		
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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 306468 - 90043 - 12



2. Principal Place of Business 21 Charles D. Hood, Jr., Esquire Suite, Apt. #, etc. 22 Post Office Box 15200 City & State 23 Daytona Beach, Florida Zip Country 24 32115-5200 25 USA	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29 30	3. Date Incorporated or Qualified 11/15/1988 4. FEI Number 59-2948805 5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required 6. Election Campaign Financing ☐ \$5.00 May Be Added to Fees Trust Fund Contribution ☐
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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 Charles D. Hood, Jr., Esquire 82 Street Address (P.O. Box Number is Not Acceptable) 444 Seabreeze Boulevard, Suite 900 83 84 City Daytona Beach FL 85 Zip Code 32115
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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** _____
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE DS ☐ DELETE NAME DAVENPORT, BUDDY STREET ADDRESS 1708 STATE RD 44 CITY-ST-ZIP NEW SMYRNA BCH FL	☐ DELETE	1.1 TITLE Director ☒ Change ☐ Addition 1.2 NAME Buddy Davenport 1.3 STREET ADDRESS 1708 State Road 44 1.4 CITY-ST-ZIP New Smyrna Beach, FL 32168	☒ Change ☐ Addition
TITLE DVP ☒ DELETE NAME PSOMAS, MARSAL J STREET ADDRESS 109 ARBOR LANE CITY-ST-ZIP EDGEWATER FL 32141	☒ DELETE	2.1 TITLE Director/President ☒ Change ☐ Addition 2.2 NAME Charles D. Hood, Jr., Esquire 2.3 STREET ADDRESS Post Office Box 15200 2.4 CITY-ST-ZIP Daytona Beach, FL 32115-5200	☐ Change ☐ Addition
TITLE DT ☒ DELETE NAME GRANSTROM, BOB STREET ADDRESS 6941 SO. ATLANTIC AVE. CITY-ST-ZIP NEW SMYRNA BCH FL	☒ DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE PD ☐ DELETE NAME HOOD, DAVID STREET ADDRESS P.O. BOX 15200 N/A CITY-ST-ZIP DAYTONA BEACH FL 32115	☐ DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

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, with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Charles D. Hood, Jr., Esquire/Director

2/2/99
 Date

(904) 254-6875
 Daytime Phone #

CR2E037 (1/198)