

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N50304

FILED
Apr 24, 2007
Secretary of State

Entity Name: DAY STAR COMMUNITY MEMBERS ASSOCIATION, INC.

Current Principal Place of Business:

1507 PAYNE STREET
TALLAHASSEE, FL 323035729

New Principal Place of Business:

Current Mailing Address:

1507 PAYNE STREET
TALLAHASSEE, FL 323035729

New Mailing Address:

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

HINGST, EMORY A.
1507 PAYNE STREET
TALLAHASSEE, FL 32303 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: T () Delete
Name: CLARK, THOMAS L.,
Address: 1515 PAYNE ST.
City-St-Zip: TALLAHASSEE, FL 32303

Title: D () Delete
Name: HINGST, ANN G.,
Address: 1507 PAYNE STREET
City-St-Zip: TALLAHASSEE, FL 32303

Title: D () Delete
Name: MULLER, NANCY
Address: 1527 PAYNE ST
City-St-Zip: TALLAHASSEE, FL 32303

Title: D () Delete
Name: NATE JOHNSON,
Address: 745 HUNTER STREET
City-St-Zip: TALLAHASSEE, FL 32303

Title: D () Delete
Name: HARTUNG, RON
Address: 757 HUNTER ST
City-St-Zip: TALLAHASSEE, FL 32303

Title: D () Delete
Name: CHAVIS, TONYA S
Address: 1511 PAYNE ST
City-St-Zip: TALLAHASSEE, FL 32303

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
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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: THOMAS L. CLARK

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04/24/2007

Electronic Signature of Signing Officer or Director

Date