FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

May 05 1997 8:00am

Secretary of State

96/6)

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

SIGNATURE:

DOCUMENT # N9200000917 (6)

DELAWARE NORTH P.C.D. PROPERTY OWNERS ASSOCIATIO

Principal Place of Business Mailing Address POST OFFICE BOX 11470 2201 VOLUSIA AVE. DAYTONA BEACH FL 32114 DAYTONA BEACH FL 32120-1470 3. Date incorporated or Qualified 12/22/1992 3a. Date of Last Report 03/15/1996 4. FEI Number 59-3246941 2. Principal Place of Business 2a. Mailing Address Applied For 21 26 Not Applicable Suite, Apt. #, øtc. Suite, Apt. #, etc. \$8.75 Additional Certificate of Status Desired Fee Required 22 27 City & State City & State 8. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Country Zip 8. This corporation has liability for intangible tax under s. 199.032, Yes No 24 30 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name PALMETTO CHARTER SERVICES INC. 82 Street Address (P.O. Box Number is Not Acceptable) 150 MAGNOLIA AVE. 83 DAYTONA BEACH FL 32115 84 City Zip Code 85 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 Signature, typed or printed name of registered agen) and title if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12 13. DELETE Change Addition STD 1.1 TITLE TITLE OLSEN, HARRY 1.2 NAME NAME 2201 VOLUSIA AVENUE STREET ADDRESS 1.3 STREET ADDRESS DAYTONA BEACH FL 1.4 CITY - ST- ZIP CITY-SI-ZIP TATLE DELETE 2.1 TITLE Addition FINKEL, JEFFREY H 2.2 NAME NAME STREET ADDRESS % 7105 NEW TAMPA HWY., SUITE 25 2.3 STREET ADDRESS LAKELAND FL 33801 CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Addition Change TITLE 3.1 TITLE REDDY, A. T. 3.2 NAME NAME 130 GREAT OAKS LANE STREET ADDRESS 3.3 STREET ADORESS ROSWELL GA CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition DΡ THE 4.1 TITLE HARRIS, GREG 4.2 NAME 2325 VOLUSIA AVENUE 4.3 STREET ADDRESS STREET ADDRESS DAYTONA BEACH FL CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Addition 51 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY - ST- ZIP CITY-ST-ZIP TITLE DELETE 6.1 TITLE ☐ Change Addition 62 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY - ST - ZIP

14. I do 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. EQUIRED Daytime Phone #0002505