

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Apr 15, 1999 8:00 am**  
**Secretary of State**

04-15-1999 90143 017 \*\*\*\*61.25

**DOCUMENT # N92000000917**

1. Corporation Name

**DELAWARE NORTH P.C.D. PROPERTY OWNERS ASSOCIATIO  
N, INC.**

Principal Place of Business

2201 VOLUSIA AVE.  
DAYTONA BEACH FL 32114

Mailing Address

POST OFFICE BOX 11470  
DAYTONA BEACH FL 32120  
US



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

12/22/1992

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

59-3246941

Applied For

Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

23 Zip

Country

28 Zip

Country

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**PALMETTO CHARTER SERVICES INC.  
150 MAGNOLIA AVE.  
DAYTONA BEACH FL 32115**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85 Zip Code

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 agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **STD** ☐ DELETE

NAME **OLSEN, HARRY**  
STREET ADDRESS **2201 VOLUSIA AVENUE**  
CITY-ST-ZIP **DAYTONA BEACH FL**

1.1 TITLE ☐ Change ☐ Addition

TITLE **D** ☐ DELETE

NAME **FINKEL, JEFFREY H**  
STREET ADDRESS **% 7105 NEW TAMPA HWY., SUITE 25**  
CITY-ST-ZIP **LAKE LAND FL 33801**

2.1 TITLE ☐ Change ☐ Addition

TITLE **DVP** ☐ DELETE

NAME **REDDY, A. T.**  
STREET ADDRESS **130 GREAT OAKS LANE**  
CITY-ST-ZIP **ROSWELL GA**

3.1 TITLE ☐ Change ☐ Addition

TITLE **DP** ☐ DELETE

NAME **HARRIS, GREG**  
STREET ADDRESS **2325 VOLUSIA AVENUE**  
CITY-ST-ZIP **DAYTONA BEACH FL**

4.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ 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

Date

Daytime Phone #

CR2E037 (1/98)