2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000001693

FILED Feb 27, 2009 Secretary of State

Entity Name: DAYTONA BEACH CLUB CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: 800 N. ATLANTIC AVENUE DAYTONA BEACH, FL 32118 US **Current Mailing Address: New Mailing Address:** C/O ALL FLORIDA REALTY SERVICES, INC. C/O ALL FLORIDA GMAC REAL ESTATE, INC. 152 RIDGEWOOD AVE. 152 RIDGEWOOD AVE. HOLLY HILL, FL 32117 US HOLLY HILL, FL 32117 US FEI Number: 65-0485002 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: ALL FLORIDA REALTY SERVICES, INC. ALL FLORIDA GMAC REAL ESTATE, INC. 152 RIDGEWOOD AVE 152 RIDGEWOOD AVE HOLLY HILL, FL 32117 HOLLY HILL, FL 32117 US US 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: MARISA A. RAINS 02/27/2009 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition MCCLINTON, MATTIE Name: Name: POB 7476 Address: Address: City-St-Zip: WINTER HAVEN, FL 33883 City-St-Zip: Title: () Delete Title: () Change () Addition Name: COVUCCI, THERESA Name: Address: 527 KEYSTONE TERR Address: City-St-Zip: DELTONA, FL 32725 City-St-Zip: Title: () Delete Title: () Change () Addition PUGLIESE, CELIA Name: Name: Address: P O BOX Address: City-St-Zip: PALM COAST, FL 32135 City-St-Zip: Title: () Delete Title: () Change () Addition Name: CAREY, JUDI Name: 200 N DENNING DRIVE, #2 Address: Address: City-St-Zip: WINTER PARK, FL 32789 City-St-Zip: Title: () Delete Title: (X) Change () Addition ENSSLIN, EDWIN MORGAN, MERVAT Name: Name: 48 WINDWOOD CT. 6 TREE TOP TRAIL Address: Address: PORT ORANGE, FL 32127 City-St-Zip: City-St-Zip: ORMOND BEACH, FL 32174

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: MARISA A. RAINS CAM 02/27/2009