

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2005 8:00 am
Secretary of State

04-28-2005 90180 010 ****61.25

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DOCUMENT # N96000004739 1. Entity Name DAYTONA BEACH REGENCY ASSOCIATION, INC.					
Principal Place of Business 3865 W CHEYENNE AVE NORTH LAS VEGAS, NV 89032				Mailing Address 3865 W CHEYENNE AVE NORTH LAS VEGAS, NV 89032	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 23-2832062	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
NRAI SERVICES, INC. 2731 EXECUTIVE PARK DRIVE SUITE 4 WESTON, FL 33331				Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	DP	<input checked="" type="checkbox"/> Delete	TITLE	DP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SHEETS, THOMAS E		NAME	CARMINE GLIGORA	
STREET ADDRESS	3865 W CHEYENNE AVE		STREET ADDRESS	4448 MIDDLEBROOK ROAD	
CITY-ST-ZIP	NORTH LAS VEGAS, NV 89032		CITY-ST-ZIP	ORLANDO, FL 32811	
TITLE	VDPT	<input checked="" type="checkbox"/> Delete	TITLE	DVP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WEST, STEVEN E		NAME	FRED BAUMAN	
STREET ADDRESS	3865 W CHEYENNE AVE		STREET ADDRESS	3865 W. CHEYENNE AVE	
CITY-ST-ZIP	NORTH LAS VEGAS, NV 89032		CITY-ST-ZIP	NORTH LAS VEGAS, NV 89032	
TITLE	DS	<input checked="" type="checkbox"/> Delete	TITLE	DST	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BAUMAN, FREDERICK C		NAME	WALTER HUNTER	
STREET ADDRESS	3865 W CHEYENNE AVE		STREET ADDRESS	1521 PARKGLEN CIRCLE	
CITY-ST-ZIP	NORTH LAS VEGAS, NV 89032		CITY-ST-ZIP	APOPKA, FL 32712	
TITLE		<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	MIKE KARR	
STREET ADDRESS			STREET ADDRESS	7003 W. 129th PLACE	
CITY-ST-ZIP			CITY-ST-ZIP	OVERLAND PARK, KS 66209	
TITLE		<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	LARRIE HEDRICK	
STREET ADDRESS			STREET ADDRESS	4716 SW 19th PLACE	
CITY-ST-ZIP			CITY-ST-ZIP	CAPE CORAL, FL 33914	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>Carmen Gligora, Dir. Pres. April 15/05</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					