2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000004739

Entity Name: DAYTONA BEACH REGENCY ASSOCIATION, INC.

FILED Apr 16, 2009 Secretary of State

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Current Principal Place of Business:			New Pri	New Principal Place of Business:	
3865 W CHEYENNE AVE NORTH LAS VEGAS, NV 89032			400 NORTH ATLANTINC AVE. DAYTONA BEACH, FL 32118		
Current Mailing Address:			New Mailing Address:		
3865 W CHEYENNE AVE NORTH LAS VEGAS, NV 89032			10600 W. CHARLESTON BLVD. LAS VEGAS, NV 89135		
FEI Number	: 23-2832062	FEI Number Applied For()	FEI Number Not Ap	oplicable () Certificate of Status Desired ()	
Name and	Address of C	urrent Registered Agent:	Name an	nd Address of New Registered Agent:	
2731 EXEC SUITE 4 WESTON, The above			ourpose of changing	g its registered office or registered agent, or bo	
in the State	e of Florida.				
SIGNATU					
	Electroni	ic Signature of Registered Age	ent	Date	
OFFICER	S AND DIRECT	TORS:	ADDITIO	ONS/CHANGES TO OFFICERS AND DIRECT	
Title: Name: Address: City-St-Zip:	DP () HUNTER, WALT 1521 PARKGLE APOPKA, FL 32	N CIR	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	DVP () HEDRICK, LARF 4716 SW 19TH CAPE CORAL, F	PL	Title: Name: Address: City-St-Zip:	DVP (X) Change () Addition HEDRICK, LARRIE 2016 SW 36TH TERRACE : CAPE CORAL, FL 33914	
Title: Name: Address: City-St-Zip:	DST () MAGDOS, TRON 3865 W CHEYE NORTH LAS VE	NNE AVE	Title: Name: Address: City-St-Zip:	DST (X) Change () Addition MAGDOS, TROY 10600 W. CHARLESTON BLVD. : LAS VEGAS, NV 89135	
Title: Name: Address: City-St-Zip:	D () GLIGORA, CARI 4448 MIDDLEBI ORLANDO, FL	ROOK RD	Title: Name: Address: City-St-Zip:	D (X) Change () Addition GLIGORA, CARMEN 4448 MIDDLEBROOK RD : ORLANDO, FL 32811	
Title: Name: Address: City-St-Zip:	D () CARR, MIKE 7003 W 129TH I OVERLAND PAR		Title: Name: Address: City-St-Zip:	D (X) Change () Addition MCCORMICK, DAVID 12833 YACHT CLUB CIRCLE : FORT MYERS, FL 33919	

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: TROY MAGDOS DST 04/16/2009