

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 21, 2006 8:00 am
Secretary of State

06-21-2006 90177 001 ***202.50

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DOCUMENT # N97000000276 1. Entity Name RESIDENT INITIATIVE COUNCIL OF MALEY APARTMENTS, INC.					
Principal Place of Business 600 SO BEACH ST DAYTONA BEACH, FL 32114			Mailing Address C/O RAYMOND A. PHELAN, CPA 623 N. GRANDVIEW AVENUE DAYTONA BEACH, FL 32118		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	05262006 Chg-NP CR2E037 (4/06) 4. FEI Number 59-3439227	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
AKIN, LINDA R 600 S BEACH ST DAYTONA BEACH, FL 32114			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;"> FL Zip Code </div>		
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 <u><i>Linda R. Akin, Pres.</i></u> 6/14/06 <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 September 6, 2006		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	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	AKIN, LINDA		NAME		
STREET ADDRESS	600 S BEACH ST		STREET ADDRESS		
CITY-ST-ZIP	DAYTONA BEACH, FL 32114		CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	STINSON, DOROTHY		NAME	<i>Dee Fontaine</i>	
STREET ADDRESS	600 S BEACH ST #2F		STREET ADDRESS	<i>600 S. Beach St. 3H</i>	
CITY-ST-ZIP	DAYTONA BEACH, FL 32114		CITY-ST-ZIP	<i>Daytona Beach, FL 32114</i>	
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MULLIKIN, JANET		NAME		
STREET ADDRESS	600 S BEACH ST, APT 10-F		STREET ADDRESS		
CITY-ST-ZIP	DAYTONA BEACH, FL 32114		CITY-ST-ZIP		
TITLE	T	<input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KIMBALL, KAREN		NAME	<i>Marianne O'Brian</i>	
STREET ADDRESS	600 S BEACH ST		STREET ADDRESS	<i>600 S. Beach St. 6L</i>	
CITY-ST-ZIP	DAYTONA BEACH, FL 32114		CITY-ST-ZIP	<i>Daytona Beach, FL 32114</i>	
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ROBINSON, GLADYS		NAME		
STREET ADDRESS	600 SOUTH BEACH STREET, APT 6H		STREET ADDRESS		
CITY-ST-ZIP	DAYTONA BEACH, FL 32114		CITY-ST-ZIP		
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 exemptions contained 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 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><i>Linda R. Akin, Pres.</i></u> 6/14/06 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

ATTACHMENT 66020269
THE HOUSING AUTHORITY
of the City of Daytona Beach

Commissioners

Norma Lewis, Chairman
Christopher Kelly, Vice Chairman
John Kretzer
Lillian D. Sampson
Robin A. Courtney

211 N. Ridgewood Avenue, Suite 200, Daytona Beach, FL 32114
P.O. Box 1311, Daytona Beach, FL 32115
(386) 253-5653
FAX (386) 255-2136
TDD (386) 252-6473

Joyours "Pete" Gamble
Executive Director

June 19, 2006

Division of Corporations
Florida Department of State
P.O. Box 6327
Tallahassee, Florida 32314

Re; Letter Number: 706A00037420

Ref. Number: N48650

~~Number: N50655~~

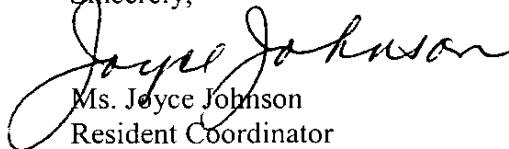
Number: N97000000276

Gentleperson:

As per your request enclosed please find the completed Annual Reports for the three above captioned corporations. We are also re-submitting the check in the amount of \$202.50. If you have any questions, please feel free to contact the Department of Resident Initiatives at (386) 252-2958. Please ask for Ms. Johnson.

Your cooperation in this matter is greatly appreciated.

Sincerely,


Ms. Joyce Johnson
Resident Coordinator

CC: Mr. Gregory Heard, Comptroller