

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 01, 2007 8:00 am**  
**Secretary of State**

05-01-2007 90039 014 \*\*\*\*61.25

<b>DOCUMENT # N97000000276</b> 1. Entity Name <b>RESIDENT INITIATIVE COUNCIL OF MALEY APARTMENTS, INC.</b>					
Principal Place of Business <b>600 SO BEACH ST DAYTONA BEACH, FL 32114</b>			Mailing Address <b>C/O RAYMOND A. PHELAN, CPA 623 N. GRANDVIEW AVENUE DAYTONA BEACH, FL 32118</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>59-3439227</b>	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>AKIN, LINDA R 600 S BEACH ST DAYTONA BEACH, FL 32114</b>			Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 <i>Linda R. Akin</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small>			DATE <i>April 26, 2007</i> <small>(NOTE: Registered Agent signature required when reinstating)</small>		
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>AKIN, LINDA</b> <b>600 S BEACH ST</b> <b>DAYTONA BEACH, FL 32114</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>FONTAINE, DEE</b> <b>600 S BEACH ST 311</b> <b>DAYTONA BEACH, FL 32114</b>	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>8 Vice President</i> <b>MULLIKIN, JANET</b> <b>600 S BEACH ST, APT 10-F</b> <b>DAYTONA BEACH, FL 32114</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>O'BRIAN, MARIANNE</b> <b>600 S BEACH ST</b> <b>DAYTONA BEACH, FL 32114</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>ROBINSON, GLADYS</b> <b>600 SOUTH BEACH STREET, APT 6H</b> <b>DAYTONA BEACH, FL 32114</b>	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY <b>MARGARET PARKS-JE</b> <b>600 S BEACH ST, #</b> <b>DAYTONA BEACH, FL 32114</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PARLIAMENTARIAN <b>Ms. Darlene Brodnek JT</b> <b>600 S BEACH ST, #</b> <b>DAYTONA BEACH, FL 32114</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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: <i>Linda R. Akin</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <i>April 26, 2007</i> <small>Daytime Phone #</small>		