2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Apr 29, 2008 8:00 am Secretary of State

DOCUMENT # N9700000276 1. Entity Name RESIDENT INITIATIVE COUNCIL OF MALEY APARTMENTS, INC.					04-29-2008	3 90073 003 ****6	1.25	
600 SO BEACH ST CA DAYTONA BEACH, FL 32114 6		Mailing Address C/O RAYMOND A. PHELAN, CPA 623 N. GRANDVIEW AVENUE DAYTONA BEACH, FL 32118						
Principal Place of Business - No P.O. Box # 3. Mailing Address		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04082008	Chg-NP	CR2E037 (12/06)		
City & State		City & State		4. FEI Numbe 59-3439			oplied For of Applicable	
Zip	Country	Zip	Country	5. Certificate	of Status Desired	\$8.75 Add Fee Require	ditional	
	6. Name and Address of Current R	egistered Agent		7. Name and	Address of New	Registered Agent		
			Name	Name				
AKIN, LINDA R 600 S BEACH ST DAYTONA BEACH, FL 32114			Street A	Street Address (P.O. Box Number is Not Acceptable)				
			City	City Zip Code				
				FL Training				
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 Fiorida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Slightly by typed or printing name of registered agent and little if applicable. (NOTE: Registered Agent signature required when remaiting)								
Sid	cature, typed or power name of registered agent an	d title if emplicable (NOTE: I	Benislaved Anent success	re received when received		0.74		
Sigl	tative, typed or preced name of registered agent an	d title if applicable. (NOTE: I	Registered Agent signati	ire required when reinstating)		DATE		
	lling Fee is \$61.25 ue by May 1, 2008	9. Election Camp Trust Fund Co	paign Financing	\$5.00 May Be Added to Fees	, l	Make check payable to		
	iling Fee is \$61.25	9. Election Camp Trust Fund Co	paign Financing	\$5.00 May Be Added to Fees	Flo	• •	tate	
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14. Thereby certify that the Information supplied with this filling does not quality for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or suppliemental 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:

GHATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

Daty Cayume Phone #