

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 24, 2008 08:00 AM**  
**Secretary of State**

DOCUMENT # N97000000344

1. Entity Name  
SOUTHWEST I-95 COMPLEX PROPERTY OWNERS  
ASSOCIATION, INC.



Principal Place of Business  
675 N. BEACH ST  
ORMOND BEACH, FL 32174

Mailing Address  
675 N. BEACH ST.  
ORMOND BEACH, FL 32174



01142008 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-3299287

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

HOLUB, PAUL F. JR.  
675 N. BEACH ST  
ORMOND BEACH, FL 32174

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00 May Be  
Added to Fees**

U000000918072  
05/13/08-80058-010 61.25

**10. OFFICERS AND DIRECTORS**

TITLE PD  
NAME HOLUB, PAUL F JR  
STREET ADDRESS PO BOX 730086 N/A  
CITY-ST-ZIP ORMOND BEACH, FL 321730086

TITLE VD  
NAME SHAFFER, BRYAN  
STREET ADDRESS 1185 W GRANADA BLVD STE 12  
CITY-ST-ZIP ORMOND BEACH, FL 32174

TITLE SD  
NAME HAMES, GINA  
STREET ADDRESS 1185 W GRANADA BLVD STE 12  
CITY-ST-ZIP ORMOND BEACH, FL 32174

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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: \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #