


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

FILED
Apr 21, 2008 08:00 AM
Secretary of State

DOCUMENT # N97000003485 1. Entity Name VOLUSIA EXECUTIVE PARK OWNERS' ASSOCIATION, INC.	
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Principal Place of Business 125 N RIDGEWOOD AVE DAYTONA BCH, FL 32114	Mailing Address P.O. DRAWER 2140 DAYTONA BCH, FL 32115
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04092008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3572023	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent BECKS, BERRIEN SR 125 N RIDGEWOOD AVE DAYTONA BCH, FL 32114
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**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

Filing Fee Is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	000000913190 05/08/08-80006-009 61.25
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD BECKS, BERRIEN SR P O DRAWER 2140 DAYTONA BCH, FL 32115
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD SCHNEBLY, JOHN P O DRAWER 2140 DAYTONA BCH, FL 32115
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD BECKS, BERRIEN JR P O DRAWER 2140 DAYTONA BCH, FL 32115
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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:  **Berrien H Becks Sr.** 4-17-08 386 252 2000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #