

FILED

Feb 18 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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1. Corporation Name

PORT ORANGE FAMILY DAYS INC.

Principal Place of Business	Mailing Address
1000 CITY CENTER CIRCLE PORT ORANGE FL 32119	1000 CITY CENTER CIRCLE PORT ORANGE FL 32119

3. Date Incorporated or Qualified
07/09/1997

4. FEI Number ✓ 5A-34667102	Applied For
	Not Applicable

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	2b. <i>P.O. Box 291702</i> Suite, Apt. #, etc.

5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	\$5.00 May Be Added to Fees

22	City & State	27	City & State
23		28	Port Orange FL

7. Is this nonprofit corporation a homeowners association?
☐ Yes ☒ No

Zip	Country	Zip	Country
24	25	29	30
		33129170	Volusia

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	
PALMETTO CHARTER SERVICES, INC. 150 MAGNOLIA AVE. DAYTONA BEACH FL 32115-2491	81 Name
	82 Street Address
	83
	84 City

10. Name and Address of New Registered Agent		
ss (P.O. Box Number is Not Acceptable)		
FL	85	Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

12.		OFFICERS AND DIRECTORS	13.
TITLE	DP	<input type="checkbox"/> DELETE	1.1 TITLE
NAME	BELL, ELTON E		1.2 NAME
STREET ADDRESS	624 ENGLISH OAKS DR.		1.3 STREET ADDRESS
CITY - ST - ZIP	PORT ORANGE FL 32127-5598		1.4 CITY - ST - ZIP
TITLE	DV	<input checked="" type="checkbox"/> DELETE	2.1 TITLE
NAME	CONNORS, DEBRA L		2.2 NAME
STREET ADDRESS	5968 PLANTERS CT.		2.3 STREET ADDRESS
CITY - ST - ZIP	PORT ORANGE FL 32127-5598		2.4 CITY - ST - ZIP
TITLE	DT	<input checked="" type="checkbox"/> DELETE	3.1 TITLE
NAME	TOPOL, MARK S		3.2 NAME
STREET ADDRESS	6178 HALF MOON DR.		3.3 STREET ADDRESS
CITY - ST - ZIP	PORT ORANGE FL 32127-5598		3.4 CITY - ST - ZIP
TITLE	DS	<input type="checkbox"/> DELETE	4.1 TITLE
NAME	ADAIR, RITA C		4.2 NAME
STREET ADDRESS	713 NORMANDY BLVD.		4.3 STREET ADDRESS
CITY - ST - ZIP	PORT ORANGE FL 32127-5598		4.4 CITY - ST - ZIP
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE
NAME			5.2 NAME
STREET ADDRESS			5.3 STREET ADDRESS
CITY - ST - ZIP			5.4 CITY - ST - ZIP
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE
NAME			6.2 NAME
STREET ADDRESS			6.3 STREET ADDRESS
CITY - ST - ZIP			6.4 CITY - ST - ZIP

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '12	
	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
Pete Atwood - D.V. 807 Woodport Dr Port Orange FL 32127	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
Christine Belz D.T. 1488 Nappa Dr Port Orange FL 32124	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

2/14/93

904-788 3002

CR2E037 (10/97)