

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 27, 2006 8:00 am
Secretary of State

02-27-2006 90067 041 ****61.25

DOCUMENT # N99000002893

1. Entity Name
**HALIFAX OFFICE COMPLEX OWNERS' ASSOCIATION,
INC.**



Principal Place of Business
**890 NORTHERN WAY
D-1
WINTER SPRINGS, FL 32708**

Mailing Address
**890 NORTHERN WAY
D-1
WINTER SPRINGS, FL 32708**



01032006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3584072

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**NOWAK, EDWARD
890 NORTHERN WAY
D-1
WINTER SPRINGS, FL 32708**

**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, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**PO
SCOTT, JEFF
212 OAKRIDGE BLVD
DAYTONA BEACH, FL 32118**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**STD
NOWAK, EDWARD
890 NORTHERN WAY
WINTER SPRINGS, FL 32708**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**PVP, D
Scott, ROGER
212 OAK RIDGE BLVD
DAYTONA BEACH, FL 32118**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

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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:

Edward Nowak

Edward NOWAK STD

2-13-06

407

3651557

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #