

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90840 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		
2. Principal Place of Business - No P.O. Box # 212 Oakridge Blvd		3. Mailing Address 212 Oakridge Blvd			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Daytona Beach, FL		City & State Daytona Beach, FL		4. FEI Number 59-3584072	
Zip 32118		Country U.S.A		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent NOWAK, EDWARD 890 NORTHERN WAY D-1 WINTER SPRINGS, FL 32708		7. Name and Address of New Registered Agent Name R. Scott, Roger Street Address (P.O. Box Number is Not Acceptable) 212 Oakridge Blvd City Daytona Beach FL Zip Code 32118			
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 Roger W. Scott DATE 4/24/07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVD SCOTT, ROGER <input type="checkbox"/> Delete 212 OAK RIDGE BLVD DAYTONA BEACH, FL 32118		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD NOWAK, EDWARD <input checked="" type="checkbox"/> Delete 890 NORTHERN WAY WINTER SPRINGS, FL 32708		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SCOTT, JEFF <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 212 Oakridge Blvd Daytona Beach, FL 32118	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: R. W. Scott <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date 4/24/07 Daytime Phone # 386-255-3624		