## 2006 NOT-FOR-PROFIT CORPORATION

## Feb 27, 2006 8:00 am **ANNUAL REPORT Secretary of State** DOCUMENT # N99000003948 02-27-2006 90111 007 \*\*\*\*61.25 DAYTONA BEACH FIGURE SKATING CLUB, INC. Principal Place of Business Mailing Address SUNSHINE PARK ICE ARENA DAYTONA BEACH FIGURE SKATING 2400 S RIDGEWOOD AVE PO BOX 214487 DAYTONA BEACH, FL 32119 SOUTH DAYTONA, FL 32121 2. Principal Place of Business 3. Mailing Address <u>ce Soorts Complex Haldings Inc</u> Suite, Apt. #, etc. 01272006 Chg-NP CR2E037 (11/05) 3400 S. Ridaewood 4. FEI Number 59-3584553 City & State City & State Applied For andrua FL Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired **USA** 32119 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent WASHAM, JULIA 373 CARMEL DRIVE Street Address (P.O. Box Number is Not Acceptable) MELBOURNE, FL 32940 Zip Code 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 9. Election Campaign Financing \$5.00 May Be Make check payable to Trust Fund Contribution. Due by May 1, 2006 Florida Department of State Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE Delete TITLE ☐ Change Andrei Zharkov WASHAM, JULIA NAME NAME 175 S. Tymber Creek Rd STREET ADDRESS **373 CARMEL DRIVE** STREET ADDRESS CITY-ST-ZIP MELBOURNE, FL 32940 CITY-ST-ZIP Domend Beach VP TITLE ☐ Delete TITLE ☐ Change **Addition** Svellana Serkeli BARBOUR, KAY NAME NAME 175 S. Tumber Creek Rd STREET ADDRESS 334 BROOKLINE AVE STREET ADDRESS CITY-ST-ZIP DAYTONA BEACH, FL 32118 CITY-ST-ZIP *Smood* TTLE Delete TITLE ☐ Change Addition Jennifer Tinstman 5 mystic Lake Way NAME CARL, DONNA NAME STREET ADDRESS 501 MOON RISE DRIVE STREET ADDRESS CITY-ST-ZIP DAYTONA BEACH, FL 32127 CITY-ST-ZIP ormand Beach, Fl TITLE Delete TITLE Patricia Kelemen 5913 Plainview Dr. BARBOUR, KAY NAME NAME STREET ADDRESS 334 BROOKLINE AVE. STREET ADDRESS CITY-ST-ZIP DAYTONA BEACH, FL 32118 CITY-ST-ZIP Part Oranae TITLE Delete TITLE X Addition Guzhva JONES, SHELLEY Ekaterina NAME NAME STREET ADDRESS 871 OLD MILL RUN STREET ADDRESS 15 Huntmaster CITY-ST-ZIP ORMOND BEACH, FL 32174 CITY-ST-ZIP 3mond Beach TILE ☐ Delete TIFLE X Addition Terri White GORDON, SONJA NAME NAME STREET ADDRESS 1961 FERN PALM DRIVE STREET ADDRESS 653 Sweetwood Dr. CITY-ST-ZIP EDGEWATER, FL 32141 CITY-ST-ZIP 1900+ Orange, FL 32189

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 odders, with all other like empowered).

SIGNATURÉ:

SONATURE AND TYPED OR PRINTED NAME OF SIGN NG OFFICER OR DERECTOR

Daytime Phone #

FILED