



2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2007 8:00 am
Secretary of State

04-19-2007 90195 022 ***150.00

DOCUMENT # P03000010436 1. Entity Name 437 N HALIFAX CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 721 RIDGEWOOD AVE #12A HOLLY HILL, FL 32117			Mailing Address 721 RIDGEWOOD AVE #12A HOLLY HILL, FL 32117		
2. Principal Place of Business - No P.O. Box # 1034 Ridgewood Ave Suite, Apt. #, etc. Ste 1 City & State Holly Hill, FL Zip 32117		3. Mailing Address 1034 Ridgewood Ave Suite, Apt. #, etc. Ste 1 City & State Holly Hill, FL Zip 32117			
Country USA		Country USA		4. FEI Number 59-1934503	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent WAKINS, VIRGINIA 721 RIDGEWOOD AVE #12A HOLLY HILL, FL 32117			7. Name and Address of New Registered Agent Name Virginia Wakins Street Address (P.O. Box Number is Not Acceptable) 1034 Ridgewood Ave Ste 1 City Holly Hill FL Zip Code 32117		
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 <u><i>Virginia Wakins</i></u> (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HARRISON, ANN 437 N HALIFAX AVENUE #9 DAYTONA BEACH, FL 32118	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Richard Custard 437 N Halifax #8 Daytona Bch, FL 32118	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST BIRD, TERESA 437 N HALIFAX AVENUE #10 DAYTONA BEACH, FL 32118	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Emily Khayat 437 N Halifax #6 Daytona Bch, FL 32118	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WHYTE, STEVE 437 NORTH HALIFAX #1 DAYTONA BEACH, FL 32118	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DJeff Prater 437 N Halifax #2 Daytona Bch, FL 32118	<input checked="" 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	Neil Leavitt 5 Havenwood TR ORmond Bch FL 32174	<input type="checkbox"/> Change <input checked="" 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 607, 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: <u><i>Richard C. Custard</i></u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			4-5-07 Date Daytime Phone #		