


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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

04-19-2007 90211 042 \*\*\*150.00

<b>DOCUMENT # P04000050409</b>	
1. Entity Name <b>VILLAGES AT HALIFAX PARTNERS, INC.</b>	

Principal Place of Business <b>211 N. RIDGEWOOD AVENUE 200 DAYTONA BCH FL 32114</b>	Mailing Address <b>211 N. RIDGEWOOD AVENUE 200 DAYTONA BCH FL 32114</b>
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E034 (10/06)

4. FEI Number <b>02-0719083</b>		Applied For
		Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required
6. Name and Address of Current Registered Agent		
<b>SAXON, BERNICE S ESQ.</b> <b>201 E KENNEDY BLVD STE 600</b> <b>TAMPA FL 33602</b>		
7. Name and Address of New Registered Agent		
Name		
Street Address (P.O. Box Number is Not Acceptable)		
City		
FL 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PD	TITLE	Director
NAME	LEWIS, NORMA	NAME	Sonya C. FRAZIER
STREET ADDRESS	211 N. RIDGEWOOD AVENUE, STE 200	STREET ADDRESS	211 N. Ridgewood Ave
CITY - ST - ZIP	DAYTONA BEACH FL 32114	CITY - ST - ZIP	Daytona Beach, FL 32114
TITLE	VPD	TITLE	
NAME	KELLY, CHRISTOPHER	NAME	
STREET ADDRESS	211 N. RIDGEWOOD AVENUE, STE 200	STREET ADDRESS	
CITY - ST - ZIP	DAYTONA BEACH FL 32114	CITY - ST - ZIP	
TITLE	D	TITLE	
NAME	KRETZER, JOHN	NAME	
STREET ADDRESS	211 N. RIDGEWOOD AVENUE, STE 200	STREET ADDRESS	
CITY - ST - ZIP	DAYTONA BEACH FL 32114	CITY - ST - ZIP	
TITLE	D	TITLE	President
NAME	SAMPSON, LILLIAN D	NAME	
STREET ADDRESS	211 N. RIDGEWOOD AVENUE, STE 200	STREET ADDRESS	
CITY - ST - ZIP	DAYTONA BEACH FL 32114	CITY - ST - ZIP	
TITLE	D	TITLE	
NAME	COURTNEY, ROBIN A	NAME	
STREET ADDRESS	211 N. RIDGEWOOD AVENUE, STE 200	STREET ADDRESS	
CITY - ST - ZIP	DAYTONA BEACH FL 32114	CITY - ST - ZIP	
TITLE	S	TITLE	
NAME	JOYOURS, GAMBLE	NAME	
STREET ADDRESS	211 N. RIDGEWOOD AVENUE, STE 200	STREET ADDRESS	
CITY - ST - ZIP	DAYTONA BEACH FL 32114	CITY - ST - ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Joyours Gamble Joyours Gamble 3/13/07 386-253-9313

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #