## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT # P04000050409

1. Entity Name

VILLAGES AT HALIFAX PARTNERS, INC.



Principal Place of Business

211 N. RIDGEWOOD AVENUE

200

DAYTONA BCH, FL 32114

Mailing Address

211 N. RIDGEWOOD AVENUE

200

DO NOT WRITE IN THIS SPACE

DAYTONA BCH, FL 32114

## FILED Apr 28, 2008 8:00 am Secretary of State

04-28-2008 90400 041 \*\*\*150.00

dhastena



 $\Box$ 

03202008

No Chg-P

CR2E034 (11/05)

4. FEI Number 02-0719083

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SAXON, BERNICE S ESQ. 201 E KENNEDY BLVD STE 600 TAMPA, FL 33602

## DO NOT WRITE IN THIS SPACE

			IN THIS SPACE		
8. The above the obligat	named entity submits this statement for the ptions of registered agent.	purpose of changing its registere	d office or r	egistered agent, or be	oth, in the State of Florida. I am familiar with, and accept
SIGNATURE.					
	Signature, typed or printed name of registered agent and title	if applicable. (NOTE: Registered	Agent signature	required when reinstating)	DATE
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution.   \$5.00 May Be Added to Fees			
10.	OFFICERS AND DIREC	CTORS	· · · · ·		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FRAZIER, SONYA C 211 N. RIDGEWOOD AVE DAYTONA BEACH, FL 32114				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD KELLY, CHRISTOPHER 211 N. RIDGEWOOD AVENUE, STE 200 DAYTONA BEACH, FL 32114				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KRETZER, JOHN 211 N. RIDGEWOOD AVENUE, STE 200 DAYTONA BEACH, FL 32114			DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SAMPSON, LILLIAN D 211 N. RIDGEWOOD AVENUE, STE 2 DAYTONA BEACH, FL 32114	200		· IN	THIS SPACE
TITLE	l B				

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: \_

COURTNEY, ROBIN A

JOYOURS, GAMBLE

DAYTONA BEACH, FL 32114

DAYTONA BEACH, FL 32114

211 N. RIDGEWOOD AVENUE, STE 200

211 N. RIDGEWOOD AVENUE, STE 200

NAME

TITLE

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

GREGORY A HEARD CHOWN C. HOW SIGNATURE AND THEE OR PRINTED NAME OF BIGNING OFFICE OR DIRECTOR

4/23/09

386 253 - 5653 Daylime Phone #

For Joyours Gamble