

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000050507

FILED
Apr 27, 2009
Secretary of State

Entity Name: DAYTONA BEACH HOUSING, INC.

Current Principal Place of Business:

211 N RIDGEWOOD AVE
200
DAYTONA BEACH, FL 32114

New Principal Place of Business:

Current Mailing Address:

211 N RIDGEWOOD AVE
200
DAYTONA BEACH, FL 32114

New Mailing Address:

FEI Number: 02-0719077 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SAXON, BERNICE S
201 E. KENNEDY BLVD., SUITE 600
TAMPA, FL 33602 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: FRAZIER, SONYA C
Address: 211 N. RIDGEWOOD AVE
City-St-Zip: DAYTONA BEACH, FL 32114

Title: D () Delete
Name: KRETZER, JOHN
Address: 211 N RIDGEWOOD AVE, STE 200
City-St-Zip: DAYTONA BEACH, FL 32114

Title: D () Delete
Name: COURTNEY, ROBIN A
Address: 211 N RIDGEWOOD AVE, STE 200
City-St-Zip: DAYTONA BEACH, FL 32114

Title: P () Delete
Name: SAMPSON, LILLIAN
Address: 211 N RIDGEWOOD AVE, STE 200
City-St-Zip: DAYTONA BEACH, FL 32114

Title: D () Delete
Name: KELLY, CHRISTOPHER
Address: 211 N RIDGEWOOD AVE, STE 200
City-St-Zip: DAYTONA BEACH, FL 32114

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: LASENBY, CORWIN D
Address: 211 N RIDGEWOOD AVE, STE 200
City-St-Zip: DAYTONA BEACH, FL 32114

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LILLIAN SAMPSON

P

04/27/2009

Electronic Signature of Signing Officer or Director

_____ Date