2005 FOR PROFIT CORPORATION ANNUAL REPORT

Feb 02, 2005 08:00 AM Secretary of State **DOCUMENT # P97000002362** VOLUSIA COMMUNITY MANAGEMENT, INC. Principal Place of Business Mailing Address 991 OLD MILL RUN 991 OLD MILL RUN ORMOND BEACH, FL 32174 ORMOND BEACH, FL 32174 No Chg-P 01182005 CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3419526 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent BAUER, KIRK T DO NOT WRITE 223 S WOODLAND BLVD. DELAND, FL 32720 IN THIS SPACE 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, typed or printed name of registered agent and title if applicable. (NOTE, Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Financing **\$5.00** May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. PD TITLE RANSBOTTOM, LUELLEN NAME STREET ADDRESS 991 OLD MILL RUN ORMOND BEACH, FL 32724 CITY-ST-ZIP TITLE U00000211268 02/02/05-80112-011 150.00 RANSBOTTOM, PHILIP D SR NAME STREET ADDRESS 991 OLD MILL RUN CITY-ST-ZIP ORMOND BEACH, FL 32174 s TITLE NAME RANSBOTTON, LEAH STREET ADDRESS 5918 PHYLLIS LOW CIRCLE DO NOT WRITE CiTY+ST-ZIP PORT ORANGE, FL 32127 IN THIS SPACE TITLE RANSBOTTOM, PHILIP D JR. NAME 991 OLD MILL RUN STREET ADDRESS CITY-ST-ZIP ORMOND BEACH, FL 32174 TITLE NAME

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 31 address, with 31 other like empowered.

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-31-05

615-0220

Daytime Phone #

FILED