

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 14, 2008 08:00 A**  
**Secretary of State**

**DOCUMENT # P97000002362**

1. Entity Name  
**VOLUSIA COMMUNITY MANAGEMENT, INC.**



Principal Place of Business  
**991 OLD MILL RUN  
ORMOND BEACH, FL 32174**

Mailing Address  
**991 OLD MILL RUN  
ORMOND BEACH, FL 32174**



01042008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-3419526**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**BAUER, KIRK T  
223 S WOODLAND BLVD.  
DELAND, FL 32720**

**DO NOT WRITE  
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

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 DIRECTORS**

TITLE PD  
NAME RANSBOTTOM, LUELLEN  
STREET ADDRESS 991 OLD MILL RUN  
CITY-ST-ZIP ORMOND BEACH, FL 32724

TITLE V  
NAME RANSBOTTOM, PHILIP D SR  
STREET ADDRESS 991 OLD MILL RUN  
CITY-ST-ZIP ORMOND BEACH, FL 32174

TITLE S  
NAME RANSBOTTOM, LEAH  
STREET ADDRESS 97 GREY DAPPLE WAY  
CITY-ST-ZIP ORMOND BEACH, FL 32174

TITLE T  
NAME RANSBOTTOM, PHILIP D JR.  
STREET ADDRESS 2412 ORIOLE LANE  
CITY-ST-ZIP DAYTONA BEACH, FL 32119

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

U00000781469  
01/15/08-80037-003 150.00

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: *Lu Ellen Ransbottom* / **Lu Ellen RANSBOTTOM** 1-10-08 386-615-0220  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #