#### 2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000007304

Entity Name: HARBOR VIEW DAYTONA CONDOMINIUM ASSOCIATION, INC.

FILED Feb 17, 2020 Secretary of State 7017451715CC

# **Current Principal Place of Business:**

145 HALIFAX AVE

DAYTONA BEACH, FL 32118

## **Current Mailing Address:**

145 HALIFAX AVE

DAYTONA BEACH, FL 32118

FEI Number: 73-1657710 Certificate of Status Desired: No

### Name and Address of Current Registered Agent:

GOODWIN, MORRIS 150 DUNDEE ROAD DAYTONA BEACH, FL 32118 US

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.

Title

TD

SIGNATURE:

Electronic Signature of Registered Agent

Date

#### Officer/Director Detail:

Title PD

NameCOFFMAN, NEALNameDUFFY, CHARLESAddress145 N. HALIFAX AVE.Address145 N. HALIFAX AVE.

City-State-Zip: DAYTONA BEACH FL 32118 City-State-Zip: DAYTONA BEACH FL 32118

TitleDIRECTORTitleDIRECTORNameCOUTTS, JUTTANameLUND, SHIRELYAddress145 N. HALIFAX AVE.Address145 N. HALIFAX AVE.

City-State-Zip: DAYTONA BEACH FL 32118 City-State-Zip: DAYTONA BEACH FL 32118

Title DIRECTOR Title VP

Name PICARD, CHARLENE Name CLAPACS, JEFF
Address 145 N. HALIFAX AVE. Address 145 N. HALIFAX AVE.

City-State-Zip: DAYTONA BEACH FL 32118 City-State-Zip: DAYTONA BEACH FL 32118

Title SD

Name KAIER, MICHAEL
Address 145 N. HALIFAX AVE.

City-State-Zip: DAYTONA BEACH FL 32118

above, or on an attachment with all other like empowered.

I hereby 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

SIGNATURE: MICHAEL KAIER SECRETARY 02/17/2020

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 617, Florida Statutes; and that my name appears

Electronic Signature of Signing Officer/Director Detail

Date