200	2 UNIFORM BU	SINE	SS REPO	RŤ	(UBR)	1/3	FI Tar 10, 2	LED 2002 8	3:00 am	
DOCUMENT # N00000003068							Secretary of State			
OAK BLI	UFF OF DAYTONA HOMEO	WNERS /	ASSOCIATION,	INC	•		01-30-2002 9	0021 049 ***	**61.25	
Principal Plac	ce of Business	Mailir	ng Address							
			5 N ATLANTIC AVE YTONA BEACH FL 32118				. 16686			
Principal Place of Business     3. Mailing Address										
Suite, Apt. #, etc.			zite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE			
City & State			ly & State			4. FEI Number		T A	pplied For	
Zip Country		Zij	Zip Cox				. 59-3699388 Not Applicable			
6. Name and Address of Current Re			ed Agent			Cenificate of Status Desired Fee Required      Name and Address of New Registered Agent				
BUCKLEŸ, DĒNNIS 735 N ATLANTIC AVE DAYTONA BEACH FL 32118					Name					
					Street Address (P.O. Box Number is Not Acceptable)					
					City	<b>P</b> ● Zip Code				
8. The above named entity submits this statement for the purpose of changing its re					City			FL Zip Coo		
SIGNATURE  Stocktive, typed or printed name of registered agent and title if applicagin.  (NOTE: Registered Agent signature)  FILE NOW: FEE IS \$61.25  9. Election Campaign Financing Trust Fund Contribution.					inancing	\$5.00 Msy Be Added to Fees	Make C	heck Payable		
10.	OFFICERS AND D	VIRECTORS		11.			GES TO OFFICERS AN			
TITLE NAME STREET ADDRESS	D / BUCKLEY, DENNIS 735 N ATLANTIC AVE DAYTONA BEACH FL 32118	0 K	☐ Delete	TITLE NAME STREE		ADDITIONO/OF INT	SES TO OFFICERS AN	☐ Change	Addition 10/6)	
NAME STREET ADORESS	D √ ANDERSON, GEORGE 1326 N ATLANTIC AVE	a)¢	☐ Defete		et adoress			☐ Change	Addition 5	
TITLE	DAYTONA BEACH FL 32118 D		Delete	TITLE				☐ Change	Addition	
STREET ADDRESS	HOPKINS, JOSEPH H 140 S BEACH ST., STE. 306	ol			T ADDRESS ST-ZIP	<del></del>	<u> </u>	<del></del>		
TITLE NAME STREET ADDRESS	DAYTONA BEACH FL 32118		☐ Delete	TITLE NAME				☐ Change	Addition	
CITY-ST-ZIP TITLE NAME STREET ADDRESS			☐ Delete	TITLE	ST-ZIP			☐ Change	Addition	
CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS		<u> </u>	☐ Delete	TITLE NAME	ST-ZIP T ADDRESS	<del></del>		☐ Change	☐ Addition	
indicated	certify that the information supplied with on this report or supplemental report poration or the receiver or trustee empty or on an attachment with an actioness.	is true and a	accurate and that me	the exem	ire shall have t	he same legal effect as	if made under nath: th:	at Lam an officer:	or director	