


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 25, 2005 8:00 am**  
**Secretary of State**

02-25-2005 90145 008 \*\*\*\*61.25

DOCUMENT # N01000001790					
1. Entity Name PALM COAST PLANTATION HOMEOWNER'S ASSOCIATION, INC.					
Principal Place of Business 6453 EAST HWY 100 FLAGLER BEACH, FL 32136		Mailing Address 6453 EAST HWY 100 FLAGLER BEACH, FL 32136			
2. Principal Place of Business		3. Mailing Address <b>5455 AIA SO</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State <b>ST AUGUSTINE FL</b>		4. FEI Number 56-2253374	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip <b>32080</b>		Country <b>ST JOHNS</b>			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
B. PAUL KATZ 1 FLORIDA PARK DRIVE SOUTH ATRIUM SUITE PALM COAST, FL 32137			Name <b>MAY Management Services, Inc.</b>		
			Street Address (P.O. Box Number is Not Acceptable) <b>5455 AIA South</b>		
			City <b>St. Augustine</b>		
			FL		
			Zip Code <b>32080</b>		
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 <i>Cynthia H. O'Neil</i> <b>Vice President</b> <b>2/19/05</b> <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	ALLEN, WILLIAM G	NAME			
STREET ADDRESS	10800 SIKES PLACE #250	STREET ADDRESS			
CITY-ST-ZIP	CHARLOTTE, NC 28277	CITY-ST-ZIP			
TITLE	STD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	WHITLEY, VIVIAN	NAME			
STREET ADDRESS	10800 SIKES PLACE #250	STREET ADDRESS			
CITY-ST-ZIP	CHARLOTTE, NC 28277	CITY-ST-ZIP			
TITLE	ASVD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BELSHE, KEN	NAME			
STREET ADDRESS	14 OFFICE PARK DRIVE #3	STREET ADDRESS			
CITY-ST-ZIP	PALM COAST, FL 32137	CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
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 617, 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: <i>Vivian Whitley</i> <b>VIVIAN WHITLEY</b> <b>2/16/05</b> (704) 847-6006 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAYTIME PHONE #</small>					

