

# 2006 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>DOCUMENT # N01000001790</b> 1. Entity Name <b>PALM COAST PLANTATION HOMEOWNER'S ASSOCIATION, INC.</b>		
Principal Place of Business 6453 EAST HWY 100 FLAGLER BEACH, FL 32136		Mailing Address 5455 A1A S SAINT AUGUSTINE, FL 32080
2. Principal Place of Business  Suite, Apt. #, etc.	3. Mailing Address <b>5455 A1A SOUTH</b> Suite, Apt. #, etc.	
City & State  Country	State <b>FL</b> Zip <b>32080</b> Country <b>U.S.A.</b>	4. FEI Number <b>56-2253374</b>
5. Certificate of Status Desired <input type="checkbox"/>		Applied For Not Applicable
6. Name and Address of Current Registered Agent  <b>MAY MANAGEMENT SERVICES, INC.</b> <b>5455 A1A SOUTH</b> <b>SAINT AUGUSTINE, FL 32080</b>		7. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  City <span style="float: right;"><b>FL</b></span> Zip Code
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>		
<b>Amended AR is \$61.25</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
<b>Make check payable to Florida Department of State</b>		
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10
TITLE PD NAME ALLEN, WILLIAM G <input checked="" type="checkbox"/> Delete STREET ADDRESS 10800 SIKES PLACE #250 CITY-ST-ZIP CHARLOTTE, NC 28277	TITLE P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME Dave Carter STREET ADDRESS 75 S Riverwalk Dr CITY-ST-ZIP Palm Coast, FL 32137	
TITLE S <input type="checkbox"/> Delete NAME CARTER, DAVID STREET ADDRESS 75 S RIVER WALK DR CITY-ST-ZIP PALM COAST, FL 32137	TITLE 1st VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME Edwin Forsberg STREET ADDRESS 30 Emerald Lake Dr CITY-ST-ZIP Palm Coast, FL 32137	
TITLE ASVD <input checked="" type="checkbox"/> Delete NAME BELSHE, KEN STREET ADDRESS 14 OFFICE PARK DRIVE #3 CITY-ST-ZIP PALM COAST, FL 32137	TITLE 2nd VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME Joseph Chewcaskie STREET ADDRESS 1705 Riverwalk Dr CITY-ST-ZIP Palm Coast FL 32137	
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP	TITLE T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME Charles Graf STREET ADDRESS 119 S Riverwalk Dr CITY-ST-ZIP Palm Coast, FL 32137	
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP	TITLE S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME Nathan Gilliam STREET ADDRESS 6 Whitaker Place CITY-ST-ZIP Palm Coast, FL 32164	
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	
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 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:		NATHAN GILLIAM, SECRETARY 8/10/06 386-417-5870 <small>Signature and Typed or Printed Name of Signing Officer or Director Date Daytime Phone #</small>

11/13/06