


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2007 8:00 am
Secretary of State

01-25-2007 90042 050 ****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 5455 A1A SOUTH ST AUGUSTINE, FL 32080
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DO NOT WRITE IN THIS SPACE



01092007 No Chg-NP CR2E037 (4/06)

4. FEI Number 56-2253374	Applied For Not Applicable
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5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

MAY MANAGEMENT SERVICES, INC.
 5455 A1A SOUTH
 SAINT AUGUSTINE, FL 32080

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25
Due by May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CARTER, DAVE 75 S RIVERWALK DR PALM COAST, FL 32137
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1VP FOSBERA, EDWIN 30 EMERALD LAKE DR PALM COAST, FL 32137
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2VP CHEWCASKIE, JOSEPH 1705 RIVERWAL DR PALM COAST, FL 32137
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GRAF, CHARLES 119 S RIVERWALK DR PALM COAST, FL 32137
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GILLIAM, NATHAN 6 WHITAKER PLACE PALM COAST, FL 32164
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: *Charles Graf* 1/20/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #