

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2008 8:00 am
Secretary of State

01-23-2008 90006 021 ****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**

2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State
 Zip Country

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** 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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)

**Filing Fee is \$61.25
 Due by May 1, 2008**

9. Election Campaign Financing Trust Fund Contribution. **\$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 NAME STREET ADDRESS CITY-ST-ZIP	P CARTER, DAVE 75 S RIVERWALK DR PALM COAST, FL 32137	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1VP FOSBERA, EDWIN 30 EMERALD LAKE DR PALM COAST, FL 32137	<input checked="" type="checkbox"/> Delete	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition P JAMES CONTRADA 166 HERON DR. PALM COAST, FL 32137
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2VP CHEWCASKIE, JOSEPH 1705 RIVERWALK DR PALM COAST, FL 32137	<input checked="" type="checkbox"/> Delete	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition VP RICK STALY 135 HERON DR. PALM COAST, FL 32137
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GRAF, CHARLES 119 S RIVERWALK DR PALM COAST, FL 32137	<input checked="" type="checkbox"/> Delete	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition LAWRENCE NUZZACCI - 2VP 124 S. RIVERWALK DR. Palm Coast, FL 32137
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GILLIAM, NATHAN 6 WHITAKER PLACE PALM COAST, FL 32164	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition T GEORGE COOK 184 HERON DR PALM COAST, FL 32137
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **1/17/2008**
Date

Daytime Phone # _____
Daytime Phone #

40000000



01082008 Chg-NP CR2E037 (12/06)

4. FEI Number
56-2253374

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required