


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2007 08:00 A
Secretary of State


DOCUMENT # N05000007977
 1. Entity Name
PALM COAST ASSOCIATION OF HEALTH UNDERWRITERS INC.



Principal Place of Business
 907 SE CENTRAL PARKWAY
 STUART, FL 34994

Mailing Address
 907 SE CENTRAL PARKWAY
 STUART, FL 34994

DO NOT WRITE IN THIS SPACE



04132007 No Chg-NP CR2E037 (4/06)

4. FEI Number 20-3258273	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LAGO, JULIAN E PRES
 10337 N. MILITARY TRAIL
 WEST PALM BEACH, FL 33410-4639

DO NOT WRITE IN THIS SPACE

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

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

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

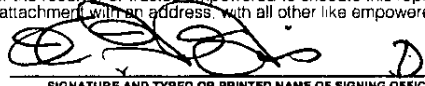
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOVIS, KAREN 907 SE CENTRAL PARKWAY STUART, FL 34994
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP KULA, MARTHA 600 SANDTREE DRIVE, #208 WEST PALM BEACH, FL 33403
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MAJOR-BELL, VICTORIA P O BOX 540034 LAKE WORTH, FL 33454
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T RADFORD, WILLIAM III 1250 EAST BLUE HERON BLVD SINGER ISLAND, FL 33404
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP EUSEPI-GREEN, SUSAN 222 US HWY ONE, # 213 TEQUESTA, FL 33469
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LAGO, JULIAN 10337 N. MILITARY TRAIL WEST PALM BEACH, FL 33410

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U00000715459
 04/27/07-80067-001 61.25

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:  **D**

Date: **4-13-07** Daytime Phone #: **772-223-4000**