FILE NOW: FILING FEE IS $61.25

FILED
Feb 05 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1998

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 739114 (7)

1. Corporation Name

PALM COAST CIVIC ASSOCIATION, INC.

Principal Place of Business	Mailing Address
P.O. BOX 350654 PALM COAST FL 32135 US	P.O. BOX 350654 PALM COAST FL 32135 US

3. Date Incorporated or Qualified: 05/19/1977

4. FEI Number: 59-1854459 ☐ Applied For ☐ Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

EUSTACE, JOHN M
4 CHICKSAW CT
PALM COAST FL 32137

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE John M. Eustace 1/26/98
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE		☒ Change ☐ Addition
NAME	EUSTACE, JOHN M		1.2 NAME		
STREET ADDRESS	4 CHICKSAW COURT		1.3 STREET ADDRESS	4 CHICKASAW COURT	
CITY-ST-ZIP	PALM COAST FL 32137		1.4 CITY-ST-ZIP		
TITLE	V	☒ DELETE	2.1 TITLE	V	☒ Change ☐ Addition
NAME	SCRIPP, JOHN L III		2.2 NAME	CARTER, RALPH	
STREET ADDRESS	14 CURRY SOURT		2.3 STREET ADDRESS	2 WOODAMBER LANE	
CITY-ST-ZIP	PALM COAST FL		2.4 CITY-ST-ZIP	PALM COAST FL	
TITLE	SD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	NEVERAS, THERESA		3.2 NAME		
STREET ADDRESS	75 CORAL REEF CT. N.		3.3 STREET ADDRESS		
CITY-ST-ZIP	PALM COAST FL		3.4. CITY-ST-ZIP		
TITLE	TD	☐ DELETE	4.1 TITLE		☒ Change ☐ Addition
NAME	WOLFERT, MARY		4. 2 NAME		
STREET ADDRESS	32 CLACK BEAR LANE		4.3 STREET ADDRESS	32 BLACK BEAR LANE	
CITY-ST-ZIP	PALM COAST FL		4.4 CITY-ST-ZIP		
TITLE	VD	☒ DELETE	5.1 TITLE	VD	☐ Change ☒ Addition
NAME	CARTER, RALPH		5.2 NAME	BROWN, LORNA DA COSTA	
STREET ADDRESS	2 WOODAMBER LANE		5.3 STREET ADDRESS	PO BOX 350926 (NA)	
CITY-ST-ZIP	PALM COAST FL		5.4 CITY-ST-ZIP	PALM COAST, FL	
TITLE	VD	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	PITMAN, JACK		6.2 NAME		
STREET ADDRESS	14 WENDY LN		6.3 STREET ADDRESS		
CITY-ST-ZIP	PALM COAST FL		6.4 CITY-ST-ZIP		

CR2E037 (10/97)

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: John M. Eustace 1/26/98 904-445-7224