

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 26, 2006 8:00 am
Secretary of State

01-26-2006 90027 039 ****61.25

DOCUMENT # 769239

1. Entity Name

**COSTA BLANCA, PONCE INLET HOMEOWNERS
ASSOCIATION, INC.**



Principal Place of Business

**3511 S PENINSULA DR
DAYTONA BEACH FL 32127
US**

Mailing Address

**3511 S PENINSULA DR
DAYTONA BEACH FL 32127
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/05)

4. FEI Number

59-2948411

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BECKER, LYNN C
SOUTHEAST MANAGEMENT
3511 S PENINSULA DR
DAYTONA BEACH FL 32127**

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

Lynn C. Becker / LYNN C. BECKER MGR. Agent 1/20/06

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2006**

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

T ☐ Delete

**NAME GREENE, KIM
STREET ADDRESS 2324 VERNON CIR
CITY-ST-ZIP MINNETONKA MN 55305**

DS ☒ Delete

**NAME CARSON, FRAN
STREET ADDRESS 4795 S ATLANTIC AVE
CITY-ST-ZIP PONCE INLET FL 32127**

P ☐ Delete

**NAME WULFING, JOE
STREET ADDRESS 4793 S ATLANTIC AVE., #11
CITY-ST-ZIP PONCE INLET FL 32127**

V ☐ Delete

**NAME WOLPERT, ANN
STREET ADDRESS 11 MADISON AVE
CITY-ST-ZIP SARATOGA SPRINGS NY 12866**

☐ Delete

**NAME
STREET ADDRESS
CITY-ST-ZIP**

☐ Delete

**NAME
STREET ADDRESS
CITY-ST-ZIP**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

☐ Change ☐ Addition

**NAME
STREET ADDRESS
CITY-ST-ZIP**

☐ Change ☐ Addition

**NAME
STREET ADDRESS
CITY-ST-ZIP**

☐ Change ☐ Addition

**NAME
STREET ADDRESS
CITY-ST-ZIP**

☒ Change ☐ Addition

**S
NAME WOLPERT, ANN
STREET ADDRESS 11 MADISON AVE.
CITY-ST-ZIP SARATOGA SPRGS, NY, 12866**

☐ Change ☒ Addition

**V. PRESIDENT
NAME FULLER, CARSEN
STREET ADDRESS 4791 S, ATLANTIC AVE, #8
CITY-ST-ZIP PONCE INLET, FL, 32127**

☐ Change ☒ Addition

**D
NAME KLUCK, DIXIE
STREET ADDRESS 200 SWEETWATER CLUB PLACE
CITY-ST-ZIP LONGWOOD, FL, 32779**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Lynn C. Becker / LYNN C. BECKER AGENT 1/20/06 386-761-5733XT