


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 09, 2007 8:00 am
Secretary of State

04-09-2007 90038 045 ****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 - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



1st MOORE CR2E037 (10/06)

4. FEI Number 59-2948411		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BECKER, LYNN C SOUTHEAST MANAGEMENT 3511 S PENINSULA DR DAYTONA BEACH FL 32127		7. Name and Address of New Registered Agent	
Name		Street Address (P.O. Box Number is Not Acceptable)	
City		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 changing)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2007**

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	
T NAME STREET ADDRESS CITY ST ZIP	GREENE, KIM 2324 VERNON CIR MINNETONKA MN 55305 <input type="checkbox"/> Delete	T NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
P NAME STREET ADDRESS CITY ST ZIP	WULFING, JOE 4793 S ATLANTIC AVE., #11 PONCE INLET FL 32127 <input checked="" type="checkbox"/> Delete	P NAME STREET ADDRESS CITY ST ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
S NAME STREET ADDRESS CITY ST ZIP	WOLPERT, ANN 11 MADISON AVE SARATOGA SPRINGS NY 12866 <input type="checkbox"/> Delete	S NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
VP NAME STREET ADDRESS CITY ST ZIP	FULLER, CARSEN 4791 S ATLANTIC AVE # 8 PONCE INLET FL 32127 <input checked="" type="checkbox"/> Delete	VP NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
D NAME STREET ADDRESS CITY ST ZIP	KLICK, DIXIE 200 SWEETWATER CLUB PL LONGWOOD FL 32779 <input type="checkbox"/> Delete	D NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
T NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Delete	T NAME STREET ADDRESS CITY ST ZIP	<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 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 3/27/07 386-761-5733 XT22*