

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2008 8:00 am
Secretary of State

01-31-2008 90019 042 ****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		Country		4. FEI Number 59-2948411	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
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 <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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. <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> SIGNATURE <i>Lynn C. Becker Agent</i> <small>Signature, typed or printed name of registered agent, and telephonic applicable.</small> </div> <div style="width: 30%;"> <i>LYNN C. BECKER / AGENT</i> <small>(NOTE: Registered Agent signature required when reinstating)</small> </div> <div style="width: 30%;"> <i>1/18/08</i> <small>DATE</small> </div> </div>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS					
TITLE	T	<input checked="" type="checkbox"/> Delete	NAME	GREENE, KIM	
STREET ADDRESS	2324 VERNON CIR				
CITY-ST-ZIP	MINNETONKA, MN 55305				
TITLE	P	<input type="checkbox"/> Delete	NAME	FULLER, CARSON	
STREET ADDRESS	4791 S. ATLANTIC AVE #8				
CITY-ST-ZIP	PONCE INLET, FL 32127				
TITLE	S	<input checked="" type="checkbox"/> Delete	NAME	WOLPERT, ANN	
STREET ADDRESS	11 MADISON AVE				
CITY-ST-ZIP	SARATOGA SPRINGS, NY 12866				
TITLE	VP	<input checked="" type="checkbox"/> Delete	NAME	FULLER, CARSEN	
STREET ADDRESS	4791 S ATLANTIC AVE # 8				
CITY-ST-ZIP	PONCE INLET, FL 32127				
TITLE	D	<input type="checkbox"/> Delete	NAME	KLICK, DIXIE	
STREET ADDRESS	200 SWEETWATER CLUB PL				
CITY-ST-ZIP	LONGWOOD, FL 32779				
TITLE		<input type="checkbox"/> Delete	NAME		
STREET ADDRESS					
CITY-ST-ZIP					
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	RIGGS, TERESA L.	
STREET ADDRESS	4793 S. ATLANTIC AVE, # 11				
CITY-ST-ZIP	PONCE INLET, FL 32127				
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	KEENEY, JAMES J.	
STREET ADDRESS	1030 75 ST. OCEAN E.				
CITY-ST-ZIP	MARATHON, FL 33050				
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	RADCLIFF, EDWARD G.	
STREET ADDRESS	4789 S. ATLANTIC AVE # 3				
CITY-ST-ZIP	PONCE INLET, FL 32127				
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME		
STREET ADDRESS					
CITY-ST-ZIP					
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: <i>Lynn C. Becker Agent</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<i>1-18-08</i> <i>386-761-5733 XT 22</i> <small>Date Daytime Phone #</small>	