2007 FOR PROFIT CORPORATION ANNUAL REPORT

Secretary of State DOCUMENT # K73514 01-31-2007 90034 041 ***150.00 PALM COAST LOT OWNER'S ASSOCIATION, INC. Principal Place of Business Mailing Address 3801 WOODBRAIR TRAIL P.O. BOX 290127 PORT ORANGE, FL 32129 PT ORANGE, FL 32129 US 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01242007 Chg-P CR2E034 (12/06) City & State City & State 4. FEI Number Applied For 59-2937707 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name STORCH, GLENN D.P.A. Street Address (P.O. Box Number is Not Acceptable) 420 S. NOVA RD DAYTONA BEACH, FL 32114 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. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 me ☐ Delete TITLE Change : GOIR PARK RIDGE DR. NAME OWNBY, JAMES D NAME 5948 BROKEN BOW LAND STREET AODRESS STREET ADDRESS CITY-ST-ZIP PORT ORANGE, FL. 32127 CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME MAME STREET ADDRESS STREET ADDRESS CCTY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Delete ☐ Change ___ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS 8000 DEED 我们,这个人们们就是 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 607, 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. amis SIGNATURE:

FICER OR DIRECTOR

FILED

Jan 31, 2007 8:00 am