

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000001790

FILED
Mar 27, 2009
Secretary of State

Entity Name: PALM COAST PLANTATION HOMEOWNER'S ASSOCIATION, INC.

Current Principal Place of Business:

6453 EAST HWY 100
FLAGLER BEACH, FL 32136

New Principal Place of Business:

5455 A1A SOUTH
ST. AUGUSTINE, FL 32080

Current Mailing Address:

5455 A1A SOUTH
ST AUGUSTINE, FL 32080

New Mailing Address:

5455 A1A SOUTH
ST. AUGUSTINE, FL 32080

FEI Number: 56-2253374

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MAY MANAGEMENT SERVICES, INC.
5455 A1A SOUTH
SAINT AUGUSTINE, FL 32080 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: CONTRADA, JAMES
Address: 166 HERON DR
City-St-Zip: PALM COAST, FL 32137

Title: VP () Delete
Name: STALY, RICK
Address: 135 HERON DR
City-St-Zip: PALM COAST, FL 32137

Title: 2VP () Delete
Name: NUZACCI, LAWRENCE
Address: 124 S RIVERWALK DR
City-St-Zip: PALM COAST, FL 32137

Title: T () Delete
Name: COOK, GEORGE
Address: 184 HERON DR
City-St-Zip: PALM COAST, FL 32137

Title: S (X) Delete
Name: GILLIAM, NATHAN
Address: 6 WHITAKER PLACE
City-St-Zip: PALM COAST, FL 32164

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP (X) Change () Addition
Name: CONTRADA, JAMES
Address: 5455 A1A SOUTH
City-St-Zip: ST. AUGUSTINE, FL 32080

Title: P (X) Change () Addition
Name: STALY, RICK
Address: 5455 A1A SOUTH
City-St-Zip: ST. AUGUSTINE, FL 32080

Title: T (X) Change () Addition
Name: MAGEE, FRANCIS
Address: 5455 A1A SOUTH
City-St-Zip: ST. AUGUSTINE, FL 32080

Title: S (X) Change () Addition
Name: ROSTER, FIDELIA
Address: 5455 A1A SOUTH
City-St-Zip: ST. AUGUSTINE, FL 32080

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: FRANCIS MAGEE

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03/27/2009

Electronic Signature of Signing Officer or Director

Date