

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 19, 2008 8:00 am**  
**Secretary of State**

02-19-2008 90032 050 \*\*\*\*61.25

**DOCUMENT # N01000008142**

1. Entity Name

**ARBOR TRACE AT PALM COAST CONDOMINIUM  
ASSOCIATION, INC.**



Principal Place of Business

7 FLORIDA PARK DRIVE NORTH  
SUITE C  
PALM COAST FL 32137

Mailing Address

P.O BOX 352141  
PALM COAST FL 32135

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

4. FEI Number

**59-3760673**

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

**ANNON, JR, FRED  
PALM COAST PROPERTY MANAGEMENT  
7 FLORIDA PARK DRIVE NORTH, SUITE C  
PALM COAST FL 32137**

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

*Fred Annon, Jr.*  
**Fred Annon, Jr.**

Signature of person who is not a registered agent and file if applicable.

(NOTE: Registered Agent signature and filed when reinstating)

DATE

*02/11/2008*

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2008**

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

TITLE **VTD** ☒ Delete  
NAME **BROWN, BETTYANN**  
STREET ADDRESS **11 SUMMER TERRACE**  
CITY- ST- ZIP **PALM COAST FL 32137**

TITLE **VPD** ☒ Delete  
NAME **GARDNER, NANCY**  
STREET ADDRESS **P.O BOX 352141**  
CITY- ST- ZIP **PALM COAST FL 32135**

TITLE **PD** ☐ Delete  
NAME **SHROPSHIRE, KATHERINE**  
STREET ADDRESS **18 VERANDA WAY**  
CITY- ST- ZIP **PALM COAST FL 32137**

TITLE **SD** ☐ Delete  
NAME **SMITH, DELMONT C**  
STREET ADDRESS **10 SUMMERWIND CIRCLE**  
CITY- ST- ZIP **PALM COAST FL 32137**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☒ Change ☐ Addition  
NAME **VTD Smith, Delmont**  
STREET ADDRESS **10 Summerwind Circle**  
CITY- ST- ZIP **Palm Coast, Fl. 32137**

TITLE ☐ Change ☒ Addition  
NAME **TD Phillp, Virginia**  
STREET ADDRESS **22 Summer Terrace**  
CITY- ST- ZIP **Palm Coast, Fl. 32137**

TITLE ☐ Change ☐ 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 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: *Katherine Shropshire*

(386) 446-6333