


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 01, 2006 8:00 am**  
**Secretary of State**

03-01-2006 90014 032 \*\*\*\*61.25

DOCUMENT # N01000008223	
1. Entity Name VILLAGE AT PALM COAST HOMEOWNERS ASSOCIATION, INC.	

Principal Place of Business MAY MANAGEMENT SERVICES 5455 HWY A1A SOUTH ST AUGUSTINE, FL 32080	Mailing Address MAY MANAGEMENT SERVICES 5455 HWY A1A SOUTH ST AUGUSTINE, FL 32080
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02062006 No Chg-NP CR2E037 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 04-3612091	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

MAY MANAGEMENT SERVICES  
ANNA MARKS  
5455 HWY A1A SOUTH  
ST AUGUSTINE, FL 32080

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

Filing Fee is \$61.25 Due by May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CLINTON, WILLIAM 3 PAVILLION CT PALM COAST, FL 32137
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V APPLEBY, GEORGE 105 LONGVIEW WAY PALM COAST, FL 32137
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SCHAAF, WALT T 1 PAVILLION CT PALM COAST, FL 32137
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CREGAN, ROSE 2481 WASHINGTON BLVD BELLMORE, NY 11710
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FISKE, CHARLES 73 LONGVIEW WAY PALM COAST, FL 32137
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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: W. P. Clinton 2/22/06 904-584-1148

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #