

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2007 08:00 AM
Secretary of State

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**



02082007 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number

04-3612091

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$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

Signature, typed or printed name of registered agent and title if applicable

(NOTE, Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

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

U00000639847
02/28/07-80043-012 61.25

**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #