

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 25, 2008 8:00 am
Secretary of State

02-25-2008 90051 030 ****61.25

DOCUMENT # N01000008223			
1. Entity Name VILLAGE AT PALM COAST HOMEOWNERS ASSOCIATION, INC.		Mailing Address MAY MANAGEMENT SERVICES 5455 HWY A1A SOUTH ST AUGUSTINE, FL 32080	
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	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip		Country	
4. FEI Number 04-3612091		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
MAY MANAGEMENT SERVICES ANNA MARKS 5455 HWY A1A SOUTH ST AUGUSTINE, FL 32080		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CLINTON, WILLIAM 3 PAVILLION CT PALM COAST, FL 32137 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President John Loudermilk 91 Longview Way Palm Coast, FL 32137 <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V APPLEBY, GEORGE 105 LONGVIEW WAY PALM COAST, FL 32137 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Charles F. Fiske 73 Longview Way Palm Coast, FL 32137 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SCHAAF, WALT T 1 PAVILLION CT PALM COAST, FL 32137 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	WALTER SCHAAF 1 PAVILLION COURT PALM COAST, FL 32137 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CREGAN, ROSE 2481 WASHINGTON BLVD BELLMORE, NY 11710 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Paul Morebawicz 112 Longview Way Palm Coast, FL 32137 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FISKE, CHARLES 73 LONGVIEW WAY PALM COAST, FL 32137 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE 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 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: <u>Walter SchAAF</u>		WALTER SCHAAF 1/17/08 386 446-7790	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	