

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000008223

FILED  
Apr 15, 2009  
Secretary of State

Entity Name: VILLAGE AT PALM COAST HOMEOWNERS ASSOCIATION, INC.

## Current Principal Place of Business:

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

## New Principal Place of Business:

7 FLORIDA PARK DRIVE NORTH  
SUITE C  
PALM COAST, FL 32137

## Current Mailing Address:

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

## New Mailing Address:

POST OFFICE BOX 351465  
PALM COAST, FL 32135

FEI Number: 04-3612091

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

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

## Name and Address of New Registered Agent:

ANNON, FRED JR.  
7 FLORIDA PARK DRIVE NORTH  
SUITE C  
PALM COAST, FL 32137 US

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: FRED ANNON, JR.

04/15/2009

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: LOUDERMILK, JOHN  
Address: 91 LONGVIEW WAY  
City-St-Zip: PALM COAST, FL 32137

Title: VP ( ) Delete  
Name: FISK, CHARLES  
Address: 73 LONGVIEW WAY  
City-St-Zip: PALM COAST, FL 32137

Title: T ( ) Delete  
Name: SCHAAF, WALT T  
Address: 1 PAVILLION CT  
City-St-Zip: PALM COAST, FL 32137

Title: S ( ) Delete  
Name: CREGAN, ROSE  
Address: 2481 WASHINGTON BLVD  
City-St-Zip: BELLMORE, NY 11710

Title: D ( ) Delete  
Name: MORELEWICZ, PAUL  
Address: 112 LONGVIEW WAY  
City-St-Zip: PALM COAST, FL 32137

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: LOUDERMILK, JOHN  
Address: POST OFFICE BOX 351465  
City-St-Zip: PALM COAST, FL 32135

Title: VPD (X) Change ( ) Addition  
Name: ORR, ROBERT  
Address: POST OFFICE BOX 351465  
City-St-Zip: PALM COAST, FL 32135

Title: TD (X) Change ( ) Addition  
Name: SCHAAF, WALTER T  
Address: POST OFFICE BOX 351465  
City-St-Zip: PALM COAST, FL 32135

Title: SD (X) Change ( ) Addition  
Name: HOLLOD, ANN  
Address: POST OFFICE BOX 351465  
City-St-Zip: PALM COAST, FL 32135

Title: D (X) Change ( ) Addition  
Name: MORELEWICZ, PAUL  
Address: POST OFFICE BOX 351465  
City-St-Zip: PALM COAST, FL 32135

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: JOHN LOUDERMILK

P

04/15/2009

Electronic Signature of Signing Officer or Director

Date