

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000007977

FILED  
Apr 28, 2009  
Secretary of State

**Entity Name:** PALM COAST ASSOCIATION OF HEALTH UNDERWRITERS INC.

**Current Principal Place of Business:**

907 SE CENTRAL PARKWAY  
STUART, FL 34994

**New Principal Place of Business:**

4172 SE PAUL TER  
STUART, FL 34997

**Current Mailing Address:**

907 SE CENTRAL PARKWAY  
STUART, FL 34994

**New Mailing Address:**

PO BOX 74  
PORT SALERNO, FL 34997

**FEI Number:** 20-3258273

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

KULA, MARTHA PRES  
600 SANDTREE DRIVE #208  
WEST PALM BEACH, FL 33403 US

**Name and Address of New Registered Agent:**

EUSEPI-GREEN, SUZANNE  
222 US HWY ONE, # 213  
TEQUESTA, FL 33469 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: SUZANNE EUSEPI GREEN

04/28/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: HOVIS, KAREN  
Address: 907 SE CENTRAL PARKWAY  
City-St-Zip: STUART, FL 34994

Title: P ( ) Delete  
Name: KULA, MARTHA  
Address: 600 SANDTREE DRIVE, #208  
City-St-Zip: WEST PALM BEACH, FL 33403

Title: VP ( ) Delete  
Name: EUSEPI-GREEN, SUSAN  
Address: 222 US HWY ONE, # 213  
City-St-Zip: TEQUESTA, FL 33469

Title: D ( ) Delete  
Name: LAGO, JULIAN  
Address: 10337 N. MILITARY TRAIL  
City-St-Zip: WEST PALM BEACH, FL 33410 46

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D (X) Change ( ) Addition  
Name: MASSAR, S T  
Address: PO BOX 74  
City-St-Zip: PORT SALERNO, FL 34992

Title: P (X) Change ( ) Addition  
Name: EUSEPI-GREEN, SUZANNE  
Address: 222 US HWY ONE, # 213  
City-St-Zip: TEQUESTA, FL 33469

Title: VP (X) Change ( ) Addition  
Name: TELLER, MICHAEL  
Address: 200 LINDELL BLVD  
City-St-Zip: DELRAY BEACH, FL 33483

Title: D (X) Change ( ) Addition  
Name: KULA, MARTHA  
Address: 600 SANDTREE DRIVE #208  
City-St-Zip: WEST PALM BEACH, FL 33403

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: S TONI MASSAR

D

04/28/2009

Electronic Signature of Signing Officer or Director

Date