

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 12, 2008 8:00 am**  
**Secretary of State**

02-12-2008 90021 036 \*\*\*\*61.25

**DOCUMENT # N05000012245**

1. Entity Name  
**PALM COAST RESORT CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business  
**1064 GREENWOOD BOULEVARD  
SUITE 200  
LAKE MARY, FL 32746**

Mailing Address  
**1064 GREENWOOD BOULEVARD  
SUITE 200  
LAKE MARY, FL 32746**

**40043010**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01102008 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number  
**20-3969809**

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MILGRIM; ED  
1064 GREENWOOD BOULEVARD  
SUITE 200  
LAKE MARY, FL 32746**

Name **MAY Management Services**

Street Address (P.O. Box Number is Not Acceptable)  
**5455 AIA South**

City **St. Augustine**

FL

Zip Code  
**32080**

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

*Cynthia H O'Neil*

**CYNTHIA H O'NEIL, VP**

**2/5/2008**

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, 2008**

9. Election Campaign Financing  
Trust Fund Contribution ☐

**\$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  
PD  
THOMAS, GARY  
1064 GREENWOOD BOULEVARD #200  
LAKE MARY, FL 32746 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
P  
Nicker, Sarah  
12740 Gran Bay Pkwy, Ste. 2400  
Jacksonville, FL 32258 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VD  
CARSELLO, ENA  
1064 GREENWOOD BOULEVARD #200  
LAKE MARY, FL 32746 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VP  
Hinton, Wes  
12740 Gran Bay Pkwy, Ste. 2400  
Jacksonville, FL 32258 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
STD  
TORRES, LYMAR  
1064 GREENWOOD BOULEVARD #200  
LAKE MARY, FL 32746 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
ST  
Boyd, Lisa  
12740 Gran Bay Pkwy, Ste. 2400  
Jacksonville, FL 32258 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
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TITLE  
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☐ Change ☐ Addition

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STREET ADDRESS  
CITY-ST-ZIP  
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☐ Change ☐ Addition

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:

*Sarah Wicker*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**SARAH WICKER**

**2/1/08**

Date

**904-296-4551**

Daytime Phone #