

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05515

FILED
Apr 08, 2005
Secretary of State

Entity Name: FLAGLER COUNTY - PALM COAST HOMEBUILDERS ASSOCIATION, INC.

Current Principal Place of Business:

1 HARGROVE GRADE
SUITE 1F
PALM COAST, FL 32137 US

New Principal Place of Business:

Current Mailing Address:

1 HARGROVE GRADE
SUITE 1F
PALM COAST, FL 32137 US

New Mailing Address:

FEI Number: 59-2472409

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PETERSON, DEBRA
1 HARGROVE GRADE
SUITE 1F
PALM COAST, FL 32137 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: REVELS, BARBARA
Address: P.O. BOX 434 N/A
City-St-Zip: FLAGLER BEACH, FL 32136

Title: D () Delete
Name: BOBACK, JOHN
Address: PO BOX 668
City-St-Zip: FLAGLER BEACH, FL 32136

Title: D () Delete
Name: RINEK, CHARLES
Address: PO BOX 352502
City-St-Zip: PALM COAST, FL 32135

Title: P () Delete
Name: HARRIS, RICK
Address: 1 FLORIDA PK DR 5 1
City-St-Zip: PALM COAST, FL 32137

Title: D () Delete
Name: FORREST, RUSSELL
Address: 74 WHISPERING PINE DR.
City-St-Zip: PALM COAST, FL 32137

Title: EO () Delete
Name: PETERSON, DEBRA
Address: 1 HARGROVE GRADE STE 1F
City-St-Zip: PALM COAST, FL 32137

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: P (X) Change () Addition
Name: TERA, FRASSRAND
Address: 3 COURTNEY PLACE
City-St-Zip: PALM COAST, FL 32137

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: DEBRA PETERSON

EO

04/08/2005

Electronic Signature of Signing Officer or Director

_____ Date