

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000009338

FILED
Mar 06, 2009
Secretary of State

Entity Name: PALM COAST RESORT COMMUNITY ASSOCIATION, INC.

Current Principal Place of Business:

C/O MAY MANAGEMENT SERVICES, INC.
5455 A1A SOUTH
SAINT AUGUSTINE, FL 32080

New Principal Place of Business:

MAY MANAGEMENT SERVICES, INC.
5455 A1A SOUTH
SAINT AUGUSTINE, FL 32080

Current Mailing Address:

C/O MAY MANAGEMENT SERVICES, INC.
5455 A1A SOUTH
SAINT AUGUSTINE, FL 32080

New Mailing Address:

MAY MANAGEMENT SERVICES, INC.
5455 A1A SOUTH
SAINT AUGUSTINE, FL 32080

FEI Number: 26-3536492

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MARKS, ANNA
5455 A1A SOUTH
SAINT AUGUSTINE, FL 32080 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: WICKER, SARAH
Address: 12740 GRAN BAY PARKWAY, STE 2300
City-St-Zip: JACKSONVILLE, FL 32258

Title: D () Delete
Name: TODD, HOUSTON
Address: 12740 GRAN BAY PARKWAY, STE 2300
City-St-Zip: JACKSONVILLE, FL 32258

Title: D () Delete
Name: POLSENO, GINA
Address: 12740 GRAN BAY PARKWAY, STE 2300
City-St-Zip: JACKSONVILLE, FL 32258

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: WICKER, SARAH
Address: 5455 A1A SOUTH
City-St-Zip: ST. AUGUSTINE, FL 32080

Title: VP (X) Change () Addition
Name: TODD, HOUSTON
Address: 5455 A1A SOUTH
City-St-Zip: ST. AUGUSTINE, FL 32080

Title: S/T (X) Change () Addition
Name: POLSENO, GINA
Address: 5455 A1A SOUTH
City-St-Zip: ST. AUGUSTINE, FL 32080

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: SARAH WICKER

P

03/06/2009

Electronic Signature of Signing Officer or Director

Date