

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000009338

FILED  
Mar 15, 2010  
Secretary of State

**Entity Name:** PALM COAST RESORT COMMUNITY ASSOCIATION, INC.

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

**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:**

MAY MANAGEMENT SERVICES, INC  
5455 A1A SOUTH  
SAINT AUGUSTINE, FL 32080 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: ANNA MARKS

03/15/2010

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: CLARK, GREGORY  
Address: 5455 A1A SOUTH  
City-St-Zip: ST. AUGUSTINE, FL 32080

Title: VP  
Name: JINKS, TARA  
Address: 5455 A1A SOUTH  
City-St-Zip: ST. AUGUSTINE, FL 32080

Title: S/T  
Name: DIXON, FRANCIS  
Address: 5455 A1A SOUTH  
City-St-Zip: ST. AUGUSTINE, FL 32080

I hereby 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 all other like empowered.

SIGNATURE: T M JINKS

VP

03/15/2010

Electronic Signature of Signing Officer or Director

Date