FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 13 PM 2:31

DOCUMENT # **N26341** **(0)**

1. Corporation Name

PALATKA COUNTRY CLUB POOL ASSOCIATION, INC.

Principal Place of Business	Mailing Address
3400 CRILL AVE POB 1072 % A.W. NICHOLS, III. POB 1072 PALATKA FL 32178	3400 CRILL AVE POB 1072 % A.W. NICHOLS, III. POB 1072 PALATKA FL 32178

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **05/09/1988**
3a. Date of Last Report: **05/01/1994**
4. FEI Number: **59-2895738** ☐ Applied For ☐ Not Applicable
2. Principal Place of Business (21): 2a. Mailing Address (26)
Suite, Apt. #, etc. (22): Suite, Apt. #, etc. (27)
City & State (23): City & State (28)
Zip (24): Country (25): Zip (29): Country (30)
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. *This corporation has liability for intangible tax under S. 199.032,* Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

COPP, WILLIAM
2314 PALMA CEIA AVE
PALATKA FL 32177

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	☐ Change ☐ Addition
NAME	TARVER, CATHY	1.2 NAME	
STREET ADDRESS	RT 4 BOX 1742	1.3 STREET ADDRESS	
CITY-ST-ZIP	PALATKA FL	1.4 CITY-ST-ZIP	
TITLE	T	2.1 TITLE	☐ Change ☐ Addition
NAME	BENNETT, TEDDY	2.2 NAME	
STREET ADDRESS	RT 4 BOX 1741	2.3 STREET ADDRESS	
CITY-ST-ZIP	PALATKA FL	2.4 CITY-ST-ZIP	
TITLE	S	3.1 TITLE	☐ Change ☐ Addition
NAME	VARNADOE, LORA LEE	3.2 NAME	
STREET ADDRESS	2906 MEADOWS LN	3.3 STREET ADDRESS	
CITY-ST-ZIP	PALATKA FL	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	☐ Change ☐ Addition
NAME	PRESTON, GEORGE	4.2 NAME	
STREET ADDRESS	113 E FOREST PARK DR	4.3 STREET ADDRESS	
CITY-ST-ZIP	PALATKA FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	THOMPSON, TONY	5.2 NAME	
STREET ADDRESS	RT 4 BOX 1702	5.3 STREET ADDRESS	
CITY-ST-ZIP	PALATKA FL	5.4 CITY-ST-ZIP	
TITLE	VP	6.1 TITLE	☐ Change ☐ Addition
NAME	SURINO, RICHARD.	6.2 NAME	
STREET ADDRESS	101 REBECCA LANE.	6.3 STREET ADDRESS	
CITY-ST-ZIP	PALATKA FL	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Teddy Bennett Teddy Bennett 4-10-95 904 329 3800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0024511