

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

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**

3. Date Incorporated or Qualified **05/09/1988** 3a. Date of Last Report **04/13/1995**
4. FEI Number **59-2895738** Applied For ☐ Not Applicable ☐
5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Zip
24 Country 29 Country

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 I am aware of the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	DELETE
NAME	TARVER, CATHY	
STREET ADDRESS	RT 4 BOX 1742	
CITY-ST-ZIP	PALATKA FL	
TITLE	T	DELETE
NAME	BENNETT, TEDDY	
STREET ADDRESS	RT 4 BOX 1741	
CITY-ST-ZIP	PALATKA FL	
TITLE	S	DELETE
NAME	VARNADE, LORA LEE	
STREET ADDRESS	2906 MEADOWS LN	
CITY-ST-ZIP	PALATKA FL	
TITLE	D	DELETE
NAME	PRESTON, GEORGE	
STREET ADDRESS	113 E FOREST PARK DR	
CITY-ST-ZIP	PALATKA FL	
TITLE	D	DELETE
NAME	THOMPSON, TONY	
STREET ADDRESS	RT 4 BOX 1702	
CITY-ST-ZIP	PALATKA FL	
TITLE	VP	DELETE
NAME	SURINO, RICHARD.	
STREET ADDRESS	101 REBECCA LANE.	
CITY-ST-ZIP	PALATKA FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	President	Change ☐ Addition ☒
1.2 NAME	Craig Beckler	
1.3 STREET ADDRESS	8 Rutter Ln.	
1.4 CITY-ST-ZIP	Palatka, FL 32177	
2.1 TITLE	V-P	Change ☐ Addition ☒
2.2 NAME	Barry Johnson	
2.3 STREET ADDRESS	121 Belmont Dr.	
2.4 CITY-ST-ZIP	Palatka, FL 32177	
3.1 TITLE	Secretary	Change ☐ Addition ☒
3.2 NAME	Brenda Mae Gibbon	
3.3 STREET ADDRESS	102 12th Ave. S.E.	
3.4 CITY-ST-ZIP	Palatka, FL 32177	
4.1 TITLE	Treasurer	Change ☐ Addition ☒
4.2 NAME	Judy Coleman	
4.3 STREET ADDRESS	305 Wattle St.	
4.4 CITY-ST-ZIP	Palatka, FL 32177	
5.1 TITLE		Change ☐ Addition ☐
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		Change ☐ Addition ☐
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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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)(k), 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:

Judy Coleman

Judy Coleman

4-30-96

904-325-4561

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)