2002 UNIFORM BUSINESS REPORT (UBR)

FILED Apr 21, 2002 8:00 am § Secretary of State **DOCUMENT # N26341** 1. Entity Name PALATKA COUNTRY CLUB POOL ASSOCIATION, INC. 04-21-2002 90870 018 ****61.25 Principal Place of Business Mailing Address 3400 CRILL AVE POB 1072 P O BOX 1072 % A.W. NICHOLS, III, POB 1072 PALATKA FL 32178 PALATKA FL 32178 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-2895738 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent l)enton Famora LUKE, GLORIA 125 KAREN CT Palatka fl 32177 City 8. 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 ! (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW: FEE IS \$61.25 \$5.00 May Be Make Check Payable to Trust Fund Contribution. Added to Fees **Department of State** OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. SD TITLE Delete TITLE รถ ☐ Addition Change MACGIBBON, BRENDA William R. Mutchie 211 Port Comfort Drive NAME NAME STREET ADDRESS 102 12TH TEE TRAIL STREET ADDRESS CITY-ST-ZIP PALATKA FL 32177 East Palatka, FL 32131 CITY-ST-7IP DΡ TITLE Delete DP TITLE X Change ☐ Addition NAME LUKE, GLORIA NAME Denton, Edward STREET ADDRESS 125 KAREN CT. 107 Crestwood Avenue STREET ADDRESS CITY-ST-ZIP Palatka Fl 32177 CITY-ST-ZIP Palatka, FL TD TITLE Delete TITLE σT ☐ Addition Change **BURNS, NANCY** NAME NAME Parker STREET ADDRESS 2508 FAIRWAY DR STREET ADDRESS 528 - Kich CITY-ST-ZIP PALATKA FL 32177 CITY-ST-ZIP 52177 TITLE ☐ Delete TÎTLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Chance

12. I hereby certify that the information supplied with this filing does not qualify 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 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 10 or Block 11 if

CITY-ST-ZIP

NAME

TITLE

NAME

☐ Delete

STREET ADDRESS

STREET ADDRESS

CITY-ST-7IP

NAME

TITLE

NAME

STREET ADDRESS

STREET ADORESS

CITY-ST-7IP

CITY-ST-ZIF

☐ Change

☐ Addition

☐ Addition