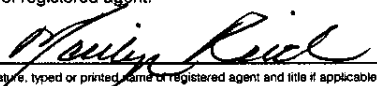
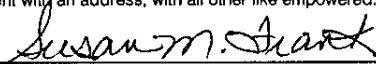


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2004 8:00 am
Secretary of State

04-22-2004 90032 049 ****61.25

DOCUMENT # N26341 1. Entity Name PALATKA COUNTRY CLUB POOL ASSOCIATION, INC.					
Principal Place of Business 3400 CRILL AVE POB 1072 % A.W. NICHOLS, III, POB 1072 PALATKA, FL 32178			Mailing Address P O BOX 1072 PALATKA, FL 32178		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2895738	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
DENTON, EDWARD 107 CRESTWOOD AVENUE PALATKA, FL 32177			Name Marilyn Reid Street Address (P.O. Box Number is Not Acceptable) 3001 Twigg Street City Palatka FL Zip Code 32177		
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE  (NOTE: Registered Agent signature required when reinstating) DATE					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	SD BECKLER, LORI ☐ Delete		TITLE	☒ Change ☐ Addition	
NAME	2200 PALMA CRIA STREET		NAME	2200 Palma Ceia Street	
STREET ADDRESS	PALATKA, FL 32177		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	DP REID, MARILYN ☐ Delete		TITLE	☐ Change ☐ Addition	
NAME	3001 TWIGG STREET		NAME		
STREET ADDRESS	PALATKA, FL 32177		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	TD FRANK, SUSAN ☐ Delete		TITLE	☐ Change ☐ Addition	
NAME	314 S 8TH STREET		NAME		
STREET ADDRESS	PALATKA, FL 32177		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	☐ Delete		TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	☐ Delete		TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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 changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: 			Date April 19, 2004 Daytime Phone # 386-325-4561		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Susan M. Frank					

94059802



02112004 Chg-NP CR2E037 (10/03)