

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 01, 2005 8:00 am
Secretary of State

04-01-2005 90016 037 ****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		Country		Country	
4. FEI Number 59-2895738				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent REID, MARILYN 3001 TWIGG ST PALATKA, FL 32177			7. Name and Address of New Registered Agent Name <u>Susan M. Frank</u> Street Address (P.O. Box Number is Not Acceptable) <u>314 South 8th Street</u> City <u>Palatka</u> <u>FL</u> Zip Code <u>32177</u>		
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 <u>Susan M. Frank</u> DATE <u>3-30-05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing - Trust Fund Contribution <input type="checkbox"/>		\$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	<input type="checkbox"/> Delete	TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BECKLER, LORI		NAME	Jim Reid	
STREET ADDRESS	2200 PALMA CEIA ST		STREET ADDRESS	3001 Twigg Street	
CITY - ST - ZIP	PALATKA, FL 32177		CITY - ST - ZIP	Palatka, FL 32177	
TITLE	DP	<input type="checkbox"/> Delete	TITLE	RD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REID, MARILYN		NAME	Robin Hudson	
STREET ADDRESS	3001 TWIGG STREET		STREET ADDRESS	123 Putnam County Blvd	
CITY - ST - ZIP	PALATKA, FL 32177		CITY - ST - ZIP	East Palatka, FL 32131	
TITLE	TD	<input type="checkbox"/> Delete	TITLE	DS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRANK, SUSAN		NAME		
STREET ADDRESS	314 S 8TH STREET		STREET ADDRESS		
CITY - ST - ZIP	PALATKA, FL 32177		CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	Diane Mutchie	
STREET ADDRESS			STREET ADDRESS	211 Port Comfort	
CITY - ST - ZIP			CITY - ST - ZIP	East Palatka, FL 32131	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: <u>Susan M. Frank</u> <u>Susan M. Frank</u> <u>3-30-05</u> <u>312-0228</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					