

**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 25, 2006 08:00 AM**  
**Secretary of State**

**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**



04192006 No Chg-NP CR2E037 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-2895738**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**FRANK, SUSAN  
314 SOUTH 8TH STREET  
PALATKA, FL 32177**

**DO NOT WRITE  
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	SD
NAME	BECKLER, LORI
STREET ADDRESS	2200 PALMA CEJA ST
CITY-ST-ZIP	PALATKA, FL 32177
TITLE	DP
NAME	REID, MARILYN
STREET ADDRESS	3001 TWIGG STREET
CITY-ST-ZIP	PALATKA, FL 32177
TITLE	DS
NAME	FRANK, SUSAN
STREET ADDRESS	314 S 8TH STREET
CITY-ST-ZIP	PALATKA, FL 32177
TITLE	PD
NAME	REID, JIM
STREET ADDRESS	3001 TWIGG STREET
CITY-ST-ZIP	PALATKA, FL 32177
TITLE	VD
NAME	HUDSON, ROBIN
STREET ADDRESS	123 PUTNAM COUNTY BLVD
CITY-ST-ZIP	EAST PALATKA, FL 32131
TITLE	TD
NAME	MUTCHIE, DIANE
STREET ADDRESS	211 PORT COMFORT
CITY-ST-ZIP	EAST PALATKA, FL 32131

000000533009  
05/06/06-80108-010 61.25

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*James E. Reid, Pres.* 4/18/06 386-328-9928