2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N26341

FILED Apr 30, 2008 Secretary of State

Entity Name: PALATKA COUNTRY CLUB POOL ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

1715 MOSELEY AVE PALATKA, FL 32177

Current Mailing Address: New Mailing Address:

P O BOX 1072 PALATKA, FL 32178

FEI Number: 59-2895738 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

FRANK, SUSAN REID, JAMES AGENT 314 SOUTH 8TH STREET 3001 TWIGG ST

PALATKA, FL 32177 PALATKA, FL 32177 US

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: JAMES REID 04/30/2008

> Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

D,P (X) Change () Addition () Delete REID, JAMES E BATTEIGER, GEOFFREY Name: Name: 3001 TWIGG STREET Address: 102 OAK LEAF POINT Address:

City-St-Zip: PALATKA, FL 32177 City-St-Zip: PALATKA, FL 32177

Title: () Delete Title: (X) Change () Addition REID, MARILYN Name: SMITH, SALLY JAN Name: Address: 3001 TWIGG STREET Address: 501 S 19TH STREET City-St-Zip: PALATKA, FL 32177 City-St-Zip: PALATKA, FL 32177

Title: DS () Delete Title: (X) Change () Addition FRANK, SUSAN CUSHMAN, KRISTI Name: Name:

314 S 8TH STREET 104 E CARDINAL STREET Address: Address: City-St-Zip: PALATKA, FL 32177 City-St-Zip: PALATKA, FL 32177

() Delete (X) Change () Addition Title: PD Title: D

REID, JIM REID, JAMES Name: Name: 3001 TWIGG STREET 3001 TWIGG STREET Address: Address:

City-St-Zip: PALATKA, FL 32177 City-St-Zip: PALATKA, FL 32177

Title: VD () Delete Title: (X) Change () Addition

HUDSON, ROBIN BATES, BARBARA Name: Name: 123 PUTNAM COUNTY BLVD 2202 CARR STREET Address: Address: City-St-Zip: EAST PALATKA, FL 32131 City-St-Zip: PALATKA, FL 32177

Title: (X) Delete Title: () Change () Addition

MUTCHIE, DIANE Name: Name: Address: 211 PORT COMFORT Address: EAST PALATKA, FL 32131 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES REID D 04/30/2008