

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N26341

FILED
Jun 29, 2009
Secretary of State

Entity Name: PALATKA COUNTRY CLUB POOL ASSOCIATION, INC.

Current Principal Place of Business:

1715 MOSELEY AVE
PALATKA, FL 32177

New Principal Place of Business:

Current Mailing Address:

P O BOX 1072
PALATKA, FL 32178

New Mailing Address:

FEI Number: 59-2895738 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

REID, JAMES AGENT
3001 TWIGG ST
PALATKA, FL 32177 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D,P () Delete
Name: BATTEIGER, GEOFFREY
Address: 102 OAK LEAF POINT
City-St-Zip: PALATKA, FL 32177

Title: DVP () Delete
Name: SMITH, SALLY JAN
Address: 501 S 19TH STREET
City-St-Zip: PALATKA, FL 32177

Title: DS () Delete
Name: CUSHMAN, KRISTI
Address: 104 E CARDINAL STREET
City-St-Zip: PALATKA, FL 32177

Title: D () Delete
Name: REID, JAMES
Address: 3001 TWIGG STREET
City-St-Zip: PALATKA, FL 32177

Title: TD (X) Delete
Name: BATES, BARBARA
Address: 2202 CARR STREET
City-St-Zip: PALATKA, FL 32177

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DVP (X) Change () Addition
Name: KROGER, BERNIE
Address: 600 MOSLEY AVE
City-St-Zip: PALATKA, FL 32177

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DT (X) Change () Addition
Name: REID, JAMES
Address: 3001 TWIGG STREET
City-St-Zip: PALATKA, FL 32177

Title: () Change () Addition
Name:
Address:
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

DT

06/29/2009

Electronic Signature of Signing Officer or Director

Date