2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2003 8:00 am
Secretary of State
04-21-2003 90332 013 ****61.25

00051779

DOCUMENT # N26341

1. Entity Name
PALATKA COUNTRY CLUB POOL ASSOCIATION, INC.

Principal Place of Business	Mailing Address
3400 CRILL AVE POB 1072 % A.W. NICHOLS, III. POB 1072 PALATKA FL 32178	P O BOX 1072 PALATKA FL 32178

☐ CHECK HERE IF MAKING CHANGES

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 ☐ Applied For ☐ Not Applicable

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 St. 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: Marilyn Reid 4-17-03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	SD MUTCHIE, WILLIAM R 211 PORT COMFORT DRIVE EAST PALATKA FL 32131	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD LORI BECKLER 2200 Palma Ceia St. Palatka, FL 32177	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP DENTON, EDWARD 107 CRESTWOOD AVENUE PALATKA FL 32177	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP MARILYN REID 3001 Twigg St. Palatka, FL 32177	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD PARKER, TIM 528 KIRBY ST PALATKA FL 32177	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD SUSAN FRANK 314 S. 8th St. Palatka, FL 32177	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (10/02)

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: SIGNATURE REQUIRED 4-17-03 (386) 328-9928
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #