

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **N31481**

(7)

1. Corporation Name

**PALM COAST NEW ENGLAND CLUB, INC.**



Principal Place of Business

Mailing Address

C/O THOMAS F. CUMMINGS, JR.  
P. O. BOX 350742  
PALM COAST FL 32135

C/O THOMAS F. CUMMINGS, JR.  
P. O. BOX 350742  
PALM COAST FL 32135

3. Date Incorporated or Qualified  
**04/03/1989**

3a. Date of Last Report  
**03/30/1995**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

4. FEI Number  
**59-2992130**

Applied For  
Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

THOMAS F. CUMMINGS, JR.  
28 FLEMING COURT  
PALM COAST FL 32137

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Thomas F. Cummings, Jr.

*Thomas F. Cummings, Jr.*

3-23-96

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	<del>ROCKWOOD, PHILIP L.</del>	<input checked="" type="checkbox"/> DELETE
NAME	<del>50 BASSETT LANE</del>	
STREET ADDRESS	<del>PALM COAST FL</del>	
CITY - ST - ZIP		
TITLE	<del>OURRIE, ROBERT N.</del>	<input checked="" type="checkbox"/> DELETE
NAME	<del>3 CREEK CT.</del>	
STREET ADDRESS	<del>PALM COAST FL</del>	
CITY - ST - ZIP		
TITLE	D	<input type="checkbox"/> DELETE
NAME	BOYHEN, GLORIA	
STREET ADDRESS	33 COCHISE CT.	
CITY - ST - ZIP	PALM COAST FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Robert Tyler	
1.3 STREET ADDRESS	71 Bainbridge Ln.	
1.4 CITY - ST - ZIP	Palm Coast, Fl. 32137	
2.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Philip L. Rockwood	
2.3 STREET ADDRESS	50 Basett Lane	
2.4 CITY - ST - ZIP	Palm Coast, Fl. 32137	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Robert Tyler -- President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(904) 446-5602

Date / Daytime Phone #

CR2E037 (12/95)