

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 20, 1999 8:00 am
Secretary of State

04-20-1999 90272 024 ****61.25

DOCUMENT # N31481

1. Corporation Name

PALM COAST NEW ENGLAND CLUB, INC.

Principal Place of Business

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

Mailing Address

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



2. Principal Place of Business

21 C/O David Joy

Suite, Apt. #, etc.

22 P.O. Box 353433

City & State

23 Palm Coast, FL

24 Zip 32135

Country

25 Flagler

2a. Mailing Address

26 C/O David Joy

Suite, Apt. #, etc.

27 P.O. Box 353433

City & State

28 Palm Coast, FL

Zip

29 32135

Country

30 Flagler

3. Date Incorporated or Qualified

04/03/1989

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

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name

David Joy

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

22 Mt. Vernon Lane

83

84 City

Palm Coast

FL

85 Zip Code

32164

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

David H. Joy

(NOTE: Registered Agent signature required when reinstating)

4-12-99

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME JOSEPH J DRODWILL
STREET ADDRESS 21 WESTGRILL DR
CITY-ST-ZIP PALM COAST FL 32164

☒ DELETE

TITLE D
NAME ROBERT TYLER
STREET ADDRESS 71 BAINBRIDGE LN
CITY-ST-ZIP PALM COAST FL

☐ DELETE

TITLE D
NAME ANN ROCHE
STREET ADDRESS 49 FLEETWOOD DR
CITY-ST-ZIP PALM COAST FL 32137

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P
1.2 NAME EDWARD MYLIS
1.3 STREET ADDRESS 3 CARLSON LANE
1.4 CITY-ST-ZIP Palm Coast, FL 32137

☐ Change

☒ Addition

2.1 TITLE V
2.2 NAME David Joy
2.3 STREET ADDRESS 22 Mt. Vernon Lane
2.4 CITY-ST-ZIP Palm Coast, FL 32164

☐ Change

☒ Addition

3.1 TITLE D
3.2 NAME Joseph J. Drodwill
3.3 STREET ADDRESS 21 Westgrill Dr.
3.4 CITY-ST-ZIP Palm Coast, FL 32164

☒ Change

☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change

☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change

☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change

☐ Addition

14. 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 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, with all other like empowered.

SIGNATURE:

Edward Mylis

SIGNATURE REQUIRED

4-12-1999

904-446-4137

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)