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NONPROFIT CORPORATION ANNUAL REPORT



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

1996

DOCUMENT #

1. Corporation Name

N93000004283 (8)

PALM COAST CORNERS OWNERS ASSOCIATION, INC.						 		a l 1 848 e 2017 1 0 01
Principal Plac	e of Business	Mailing Address						
1 CORPORATE DRIVE 1 CORPORATE DRIVE PALM COAST FL 32151 PALM COAST FL 32151								
					3. Date Incorporated or Qualified 09/16/1993		te of Last 05/01/1	
	lace of Business	2a. Mailing Address			4. FEI Number	<u>-</u>	· · · · · ·	Applied For
1		26			59-3207403		- +	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired			Additional
City & Stat	A	City & State			or decimente of Grands Bestled		Fee	Required
3		28			6. Election Campaign Financing		\$5.0	O May Be
Zip	Country	Zip	Country		Trust Fund Contribution			d to Fees
4	25	29	30		This corporation has liability for Florida Statutes	or intangible ta Yes 🔲		199.032,
	9. Name and Address of Curr	ent Registered Agent			10. Name and Address of New			
			81 N	Vanne				
	MMUNITY DEVELOPMENT COR	PORATION	B2 S	Strect Addre	ess (P.O. Box Number is Not Accept	able)		
1 CORPORATE DRIVE			<u> </u>					
PALM C	OAST FL 32151		83					
_			84 C	City			85 Zır.	Code
11 Purcuant	to the provisions of Sections 617 056	00 017 4500 5				FL	11	
or register	to the provisions of Sections 617.050 red agent, or both, in the State of Flo th, and accept the obligations of, Se	orda. Such change was authorida. Sta	itutes, the above mam prized by the corporat	ned corpora tion's board	tion submits this statement for the p I of directors. I hereby accept the ap	ourpose of chai opointment as i	nging its re registered	egistered office agent. I am
raminar w	,	shori o i nosos, riorga Statu	ites.					
GNATURE .	Signature typed or printed name of registered age		(NOTE: Registered Agent sign		when renstating	DATE	OUDECTO	DO IN 10
GNATURE	Signature typed or printed name of registered age OFFICERS A	ent and title if applicable	(NOTE: Registered Agent sign			DATE FEICERS AND		
RIGNATURE .	Signature typed or printed name of registered age OFFICERS AI PD MARTIN, LAWRENCE	ent and title if associable ND DIRECTORS	(NOTE: Registered Agust sign		when renstating	DATE FEICERS AND	DIRECTO Change	PS IN 12 Addition
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SIGNATURE:

MATURE AND TYPED OR PRINTED HAME OF SUMING OFFICER ON DIRECTOR

4/29/96

(904) 445-5000 Daylarg Phosp #