

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 25, 2005 8:00 am
Secretary of State

01-25-2005 90027 012 ****61.25

DOCUMENT # N99000006186

1. Entity Name

PALM COURT YACHT CLUB OWNERS' ASSOCIATION, INC.



Principal Place of Business

**321 BREAM AVE
FORT WALTON BEACH FL 32548**

Mailing Address

**321 BREAM AVE OFC
FORT WALTON BEACH FL 32548**

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

59-3609186

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

**HOLLAND, C. THOMAS
596 N FERDON BLVD
CRESTVIEW FL 32536**

Name

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

City

FL

Zip Code

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

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
Due By May 1, 2005**

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 PD
NAME COUPE, MIKE ☒ Delete
STREET ADDRESS 321 BREAM AVENUE # 304
CITY-ST-ZIP FORT WALTON BEACH FL 32548

TITLE PD ☐ Change ☒ Addition
NAME Bobby Blackburn
STREET ADDRESS 321 BREAM AVE # 608
CITY-ST-ZIP FT. WALTON BEACH, FL. 32548

TITLE VD ☒ Delete
NAME MEYEB, DALLAS
STREET ADDRESS 321 BREAM AVE # 410
CITY-ST-ZIP FORT WALTON BEACH FL 32548

TITLE T/D ☐ Change ☒ Addition
NAME William H. Bryan
STREET ADDRESS 321 BREAM AVE # 410
CITY-ST-ZIP FORT WALTON BEACH, FL 32548

TITLE SD ☐ Delete
NAME SLOCUMB, BARBARA
STREET ADDRESS 2 PEBBLE BEACH DR.
CITY-ST-ZIP SHALIMAR FL 32579

TITLE S/D ☐ Change ☐ Addition
NAME BARBARA Slocumb
STREET ADDRESS 41 LAKE LORRAINE CIRCLE
CITY-ST-ZIP SHALIMAR, FL. 32579

TITLE TD ☐ Delete
NAME LONG, JOE
STREET ADDRESS 321 BREAM AVENUE # 610
CITY-ST-ZIP FORT WALTON BEACH FL 32548

TITLE VP/D ☒ Change ☐ Addition
NAME JOE LONG
STREET ADDRESS 321 BREAM AVE. # 610
CITY-ST-ZIP FORT WALTON BEACH, FL. 32548

TITLE D ☐ Delete
NAME JOHNSON, JAMES
STREET ADDRESS 233 PINE TREE ROAD
CITY-ST-ZIP HAMILTON GA 31811

TITLE D ☐ Change ☐ Addition
NAME JAMES JOHNSON
STREET ADDRESS 233 PINE TREE ROAD
CITY-ST-ZIP HAMILTON, GA. 31811

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan 19, 2004

Date

Daytime Phone #

850-509-4726