


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2008 8:00 am
Secretary of State

01-25-2008 90027 045 ****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 - No P.O. Box #		3. Mailing Address PO Box 2613			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State Fort Walton Beach, FL			
Zip	Country	Zip 32549	Country US	4. FEI Number 59-3609186	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HOLLAND, C. THOMAS 596 N FERDON BLVD CRESTVIEW, FL 32536			7. Name and Address of New Registered Agent Name Aaron K. Webber Street Address (P.O. Box Number is Not Acceptable) 29C Miracle Strip Pkwy SW City Fort Walton Beach FL Zip Code 32548		
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 Aaron K. Webber				DATE 1-7-08	
Filing Fee is \$61.25 Due by May 1, 2008				9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BRYAN, HOGAN 321 BREAM AVE #410 FORT WALTON BEACH, FL 32548		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD NEUHARD, JAMES 321 BREAM AVENUE #410 FORT WALTON BEACH, FL 32548		TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Neuhard, James 321 Bream Avenue #412 Fort Walton Beach, FL 32548 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SLOCUMB, BARBARA 41 LAKE LORRAINE CIRCLE SHALIMAR, FL 32579		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SLOCUMB, BARBARA 41 LAKE LORRAINE CIR SHALIMAR, FL 32579 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Ricky Wilson 528 Clubland circle SE Coryers, GA 30094-3652 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOHNSON, JAMES 233 PINE TREE ROAD HAMILTON, GA 31811		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Debbie Fournier				SIGNATURE: Assoc Mgr	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				DATE 1-21-08	