

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000006186

FILED
Apr 09, 2009
Secretary of State

Entity Name: PALM COURT YACHT CLUB OWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

321 BREAM AVE
FORT WALTON BEACH, FL 32548

New Principal Place of Business:

Current Mailing Address:

POB 2613
FORT WALTON BEACH, FL 32549

New Mailing Address:

FEI Number: 59-3609186

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WEBBER, AARON K
29 C MIRACLE STRIP PKWY SW
FORT WALTON BEACH, FL 32548 US

Name and Address of New Registered Agent:

RDF ASSOCIATES, INC.
29 C MIRACLE STRIP PKWY SW
FORT WALTON BEACH, FL 32548 US

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.

SIGNATURE: ANDREA MCDERMOTT

04/09/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: BRYAN, HOGAN
Address: 321 BREAM AVE #410
City-St-Zip: FORT WALTON BEACH, FL 32548

Title: TD () Delete
Name: NEUHARD, JAMES
Address: 321 BREAM AVE 612
City-St-Zip: FORT WALTON BEACH, FL 32548

Title: SD () Delete
Name: SLOCUMB, BARBARA
Address: 41 LAKE LORRAINE CIRCLE
City-St-Zip: SHALIMAR, FL 32579

Title: D () Delete
Name: JOHNSON, JAMES
Address: 233 PINE TREE ROAD
City-St-Zip: HAMILTON, GA 31811

Title: VP () Delete
Name: WILSON, RICKY
Address: 528 CLUBLAND CIR SE
City-St-Zip: CONYERS, GA 300943652

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: SLOCUMB, BARBARA
Address: 41 LAKE LORRAINE CIRCLE
City-St-Zip: SHALIMAR, FL 32579

Title: DVP (X) Change () Addition
Name: JOHNSON, JAMES
Address: 233 PINE TREE ROAD
City-St-Zip: HAMILTON, GA 31811

Title: DS (X) Change () Addition
Name: WILSON, RICKY
Address: 528 CLUBLAND CIR SE
City-St-Zip: CONYERS, GA 300943652

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANDREA MCDERMOTT

MGR

04/09/2009

Electronic Signature of Signing Officer or Director

Date