

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 91283 028 ***150.00

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1. Entity Name

PALM COAST HOTEL ASSOCIATES, INC.



Principal Place of Business

10 KINGSWOOD DRIVE
PALM COAST FL 32137
US

Mailing Address

C/O RICHLAND LODGING ASSOCIATES, INC
455 THEATRE DRIVE
JOHNSTOWN PA 15904

54042923



MOORE CR2E034 (11/03)

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number **65-0509203**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

C/O C T CORPORATION SYSTEM
1200 PINE ISLAND ROAD
PLANTATION FL 33324

7. Name and Address of New Registered Agent

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 \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME RENTON, WILLIAM
STREET ADDRESS 214 COLLEGE PARK PLAZA
CITY-ST-ZIP JOHNSTOWN PA 15904

TITLE SD ☐ Delete
NAME PORSCH, RAYMOND
STREET ADDRESS 214 COLLEGE PARK PLAZA
CITY-ST-ZIP JOHNSTOWN PA 15904

TITLE TD ☒ Delete
NAME DOHERTY, EDWARD
STREET ADDRESS 1030 HIGGINS ROAD, SUITE 260
CITY-ST-ZIP PARK RIDGE IL 60068

TITLE VD ☐ Delete
NAME ARNONE, JAMES
STREET ADDRESS 214 COLLEGE PARK PLAZA
CITY-ST-ZIP JOHNSTOWN PA 60068

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 455 THEATRE DRIVE
CITY-ST-ZIP

TITLE STD ☒ Change ☐ Addition
NAME
STREET ADDRESS 455 THEATRE DRIVE
CITY-ST-ZIP

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

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 455 THEATRE DRIVE
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 607, 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

Date

Daytime Phone #

4/1/04

814-659-2149