

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N01000008223

**FILED**  
**Apr 21, 2021**  
**Secretary of State**  
**2783511205CC**

**Entity Name:** VILLAGE AT PALM COAST HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

2 CAMINO DEL MAR  
PALM COAST, FL 32137

**Current Mailing Address:**

POST OFFICE BOX 351465  
PALM COAST, FL 32135

**FEI Number: 04-3612091**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

SOUTHERN STATES MANAGEMENT GROUP, INC.  
2 CAMINO DEL MAR  
PALM COAST, FL 32137 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title VPD  
Name ALLEN, TOM  
Address POST OFFICE BOX 351465  
City-State-Zip: PALM COAST FL 32135

Title PD  
Name ZAHN, PATRICIA  
Address POST OFFICE BOX 351465  
City-State-Zip: PALM COAST FL 32135

Title SD  
Name BRAGG, LIZA  
Address POST OFFICE BOX 351465  
City-State-Zip: PALM COAST FL 32135

Title TD  
Name CORCORAN, KEVIN  
Address POST OFFICE BOX 351465  
City-State-Zip: PALM COAST FL 32135

Title D  
Name BERGMANN, STEVE  
Address POST OFFICE BOX 351465  
City-State-Zip: PALM COAST FL 32135

*I hereby 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 all other like empowered.*

**SIGNATURE: PATRICIA ZAHN**

**PRESIDENT**

**04/21/2021**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date