

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 18 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 756271 (3)
 1. Corporation Name
FONTAINEBLEAU TERRACE OWNERS ASSOCIATION, INC.

Principal Place of Business 14401 FRONT BEACH RD PANAMA CITY BEACH FL 32413	Mailing Address 14401 FRONT BEACH RD PANAMA CITY BEACH FL 32413
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3. Date Incorporated or Qualified
02/10/1981

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
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2. Principal Place of Business 21 14401 Front Beach Rd Suite, Apt. #, etc.	2a. Mailing Address 26 Same Suite, Apt. #, etc.
22 City & State 23 Panama City Beach, FL	27 City & State 28
24 Zip 32413	25 Country Bay
29 Zip	30 Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**
 6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?
☒ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.
☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**COX, PAUL
14401 FRONT BEACH ROAD
UNIT 418
PANAMA CITY BEACH FL 32413**

81 Name Same
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL
85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	DS	<input type="checkbox"/> DELETE
NAME	COX, PAUL	
STREET ADDRESS	14401 FRONT BEACH RD	
CITY - ST - ZIP	PANAMA CITY BEACH FL	
TITLE	DP	<input type="checkbox"/> DELETE
NAME	JACKSON, BOB	
STREET ADDRESS	2504 EVANS DR	
CITY - ST - ZIP	DOTHAN AL	
TITLE	DVP	<input type="checkbox"/> DELETE
NAME	MOSS, TONY	
STREET ADDRESS	14401 FRONT BEACH RD	
CITY - ST - ZIP	PANAMA CITY BEACH FL	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	TODD, RHONDA	
STREET ADDRESS	170 SOUTH OATES ST	
CITY - ST - ZIP	DOTHAN AL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CHAMPION, OWEN	
STREET ADDRESS	230 WEST LAKE SHORE DR	
CITY - ST - ZIP	CARROLLTON GA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BLACK, BRENDA	
STREET ADDRESS	14401 FRONT BEACH RD	
CITY - ST - ZIP	PANAMA CITY BEACH FL	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	DVP Bob Powell
2.3 STREET ADDRESS	228 Pine Bark Trail
2.4 CITY - ST - ZIP	Jackson GAP, AL 31861
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Delete DVP
3.3 STREET ADDRESS	D Tony Moss
3.4 CITY - ST - ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	DT - Donald H. Gadd
4.3 STREET ADDRESS	14401 Front Beach Rd
4.4 CITY - ST - ZIP	Panama City Beach, FL 32413
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	President
5.3 STREET ADDRESS	DP - Owen Champion
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	D-Leon Priest
6.3 STREET ADDRESS	384 Punkingtown Rd
6.4 CITY - ST - ZIP	Villa Rica, GA 30180

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **Paul J. Cox**

1-14-98 234-6581 Ex 418