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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 756271

1. Corporation Name
FONTAINEBLEAU TERRACE OWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
14401 FRONT BEACH RD PANAMA CITY BEACH FL 32413	14401 FRONT BEACH RD PANAMA CITY BEACH FL 32413

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country 25	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30	3. Date Incorporated or Qualified 02/10/1981 4. FEI Number NOT APPLICABLE ☐ Applied For ☐ Not Applicable 5. Certificate of Status Desired ☐ $8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name
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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DS	☐ DELETE	1.1 TITLE	☐ Change ☑ Addition
NAME	COX, PAUL		1.2 NAME	D
STREET ADDRESS	14401 FRONT BEACH RD		1.3 STREET ADDRESS	David Sharps
CITY-ST-ZIP	PANAMA CITY BEACH FL		1.4 CITY-ST-ZIP	14401 Front Beach Rd Unit 204 Panama City Beach, FL 32413
TITLE	DVP	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	POWELL, BOB		2.2 NAME	
STREET ADDRESS	228 PINE BARK TRAIL		2.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSON GAP AL 36861		2.4 CITY-ST-ZIP	
TITLE	D	☑ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	MOSS, TONY		3.2 NAME	
STREET ADDRESS	14401 FRONT BEACH RD		3.3 STREET ADDRESS	
CITY-ST-ZIP	PANAMA CITY BEACH FL		3.4 CITY-ST-ZIP	
TITLE	DT	☐ DELETE	4.1 TITLE	☐ Change ☑ Addition
NAME	GADD, DONALD H.		4.2 NAME	D
STREET ADDRESS	14401 FRONT BEACH RD		4.3 STREET ADDRESS	Wanda West
CITY-ST-ZIP	PANAMA CITY BEACH FL 32413		4.4 CITY-ST-ZIP	700 West Magnolia Auburn, AL 36830
TITLE	DP	☑ DELETE	5.1 TITLE	☐ Change ☑ Addition
NAME	CHAMPION, OWEN		5.2 NAME	DP
STREET ADDRESS	230 WEST LAKE SHORE DR		5.3 STREET ADDRESS	Bob Jackson
CITY-ST-ZIP	CARROLLTON GA		5.4 CITY-ST-ZIP	2504 Evans Dr. Dothan, AL 36303
TITLE	D	☑ DELETE	6.1 TITLE	☐ Change ☑ Addition
NAME	PRIEST, LEON		6.2 NAME	D
STREET ADDRESS	384 PUNKINGTOWN RD		6.3 STREET ADDRESS	Barbara Morris
CITY-ST-ZIP	VILLA RICA GA 30180		6.4 CITY-ST-ZIP	14401 Front Beach Rd Unit 232 Panama City Beach, FL 32413

CR2E037 (11/98)

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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED 3/17/99 850-235-0340
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Barbara Morris
BARBARA MORRIS