

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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FILED
Apr 06, 2007 8:00 am
Secretary of State

03-26-2007 90047 009 ****61.25

DOCUMENT # 756271					
1. Entity 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		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number NOT APPLICABLE	
				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
MORRIS, BARBARA 14401 FRONT BEACH ROAD UNIT 232 PANAMA CITY BEACH, FL 32413			Name RAY MCDONALD		
			Street Address (P.O. Box Number is Not Acceptable)		
			9450 S. THOMAS DRIVE		
			City PANAMA CITY BEACH FL 32408		
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 Ray McDonald - Association Manager DATE 4/2/07					
Filing Fee is \$61.25 Due by May 1, 2007			9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees		
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P	☒ Delete	TITLE	DAVE MELDRUM	☐ Change ☐ Addition
NAME	WISENER, JOSEPH		NAME	850 ENCLAVE WALK	
STREET ADDRESS	521 SALEM PLACE		STREET ADDRESS	ROS WELL, GA. 30075	
CITY-ST-ZIP	TALLASSEE, AL 36078		CITY-ST-ZIP		
TITLE	V	☒ Delete	TITLE	DEBRA LESTER	☐ Change ☐ Addition
NAME	SHERRILL, JIM		NAME	9671 HUNT CLIFF TRACE	
STREET ADDRESS	4218 HWY 63		STREET ADDRESS	ATLANTA, GA. 30350	
CITY-ST-ZIP	KELLYTON, AL 35089		CITY-ST-ZIP		
TITLE	T	☒ Delete	TITLE	BOBBY CRESSER	☐ Change ☐ Addition
NAME	SANFORD, WARNER		NAME	29 OVERLOOK DR.	
STREET ADDRESS	3510 SHARER RD		STREET ADDRESS	SEALE, AL. 36875	
CITY-ST-ZIP	TALLAHASSEE, FL 32312		CITY-ST-ZIP		
TITLE	S	☒ Delete	TITLE	KATHRYN DYKES	☐ Change ☐ Addition
NAME	MORRIS, BARBARA		NAME	3217 RIVERWOOD DR.	
STREET ADDRESS	14401 FRONT BEACH RD UNIT 232		STREET ADDRESS	MONTGOMERY, AL. 36116	
CITY-ST-ZIP	PANAMA CITY BEACH, FL 32413		CITY-ST-ZIP		
TITLE	D	☐ Delete	TITLE	JOHN BATES	☐ Change ☐ Addition
NAME	BATES, JOHN		NAME	484 COOSA ISLAND RD.	
STREET ADDRESS	484 COOSA ISLAND RD		STREET ADDRESS	CROPWELL, AL. 35054	
CITY-ST-ZIP	CROPWELL, AL 35054		CITY-ST-ZIP		
TITLE	D	☒ Delete	TITLE	RON HOWARD	☐ Change ☐ Addition
NAME	FENDER, WAYNE		NAME	304 CHEYENNE	
STREET ADDRESS	P.O. BOX 8021		STREET ADDRESS	LAGRANGE, GA. 30240	
CITY-ST-ZIP	MONROE, LA 71211		CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with address, with all other like empowered.					
SIGNATURE: Bobby Chesser BOBBY CRESSER 334-448-1187					
PRINTED NAME AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date 4/2/07 Daytime Phone #					