

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 20, 2008 8:00 am**  
**Secretary of State**

02-20-2008 90004 026 \*\*\*\*61.25

<b>DOCUMENT # 756271</b> 1. Entity Name <b>FONTAINEBLEAU TERRACE OWNERS ASSOCIATION, INC.</b>			
Principal Place of Business <b>14401 FRONT BEACH RD PANAMA CITY BEACH, FL 32413</b>		Mailing Address <b>14401 FRONT BEACH RD PANAMA CITY BEACH, FL 32413</b>	
2. Principal Place of Business - No P.O. Box # <b>14401 FRONT BEACH RD.</b>		3. Mailing Address <b>14401 FRONT BEACH RD.</b>	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State <b>PANAMA CITY BEACH, FL 32413</b>		City & State <b>PANAMA CITY BEACH, FL 32413</b>	
Zip 		Zip 	
Country 		Country 	
4. FEI Number <b>NOT APPLICABLE</b>		Applied For <b>Not Applicable</b>	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>MCDONALD, RAY 9450 S THOMAS DRIVE PANAMA CITY, FL 32408 BEACH.</b>		7. Name and Address of New Registered Agent  Name <b>RAY MCDONALD</b> Street Address (P.O. Box Number is Not Acceptable) <b>9450 S. THOMAS DRIVE UNIT 1706</b>  City <b>PANAMA CITY BEACH</b> FL <b>32408</b>	
8. The above named entity admits 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: <i>Ray McDonald</i> <b>Community Association Manager</b> DATE: <b>2/16/08</b> <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered agent signature required when reinstating)</small>			
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
Make check payable to <b>Florida Department of State</b>			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
① TITLE NAME STREET ADDRESS CITY-ST-ZIP P MELDRUM, DAVE 850 ENCLAVE WALK ROSWELL, GA 30075	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP VICE PRESIDENT DAVE MELDRUM 850 ENCLAVE WALK ROSWELL, GA 30075	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
② TITLE NAME STREET ADDRESS CITY-ST-ZIP V LESTER, DEBRA 9671 HUNT CLIFF TRACE ATLANTA, GA 30350	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP PRESIDENT DEBRA LESTER 9671 HUNT CLIFF TRACE ATLANTA, GA 30350	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
③ TITLE NAME STREET ADDRESS CITY-ST-ZIP T CHESSE, BOBBY 29 OBERLOOK DR TALLAHASSEE, FL 32304	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP DIRECTOR BOBBY CHESSE 29 OVERLOOK DR. SEALE, AL 36875	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
④ TITLE NAME STREET ADDRESS CITY-ST-ZIP S DYKES, KATHRY 14401 FRONT BEACH RD UNIT 202 PANAMA CITY BEACH, FL 32413	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP DIRECTOR KATHY DYKES 3217 RIVERWOOD DR. MONTGOMERY AL 36116	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
⑤ TITLE NAME STREET ADDRESS CITY-ST-ZIP D BATES, JOHN 484 COOSA ISLAND RD CROPWELL, AL 35054	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP TREASURER JOHN BATES 484 COOSA ISLAND CROPWELL, AL 35054	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
⑥ TITLE NAME STREET ADDRESS CITY-ST-ZIP D HOWARD, RON 304 CHEYENNE DRIVE LAGRANGE, GA 30240	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP VICE PRESIDENT RON HOWARD 304 CHEYENNE DRIVE LAGRANGE, GA 30240	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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 an address, with all other like empowered.			
SIGNATURE: <i>Ray McDonald</i> <b>Community Association Mgr.</b>		Date <b>2/16/08</b> Daytime Phone # <b>850-234-6581</b>	

⑦ STEPHANIE MORRISON 14401 FRONT BEACH RD. UNIT 402  
 P.O. BOX 253 OR 14401 FRONT BEACH RD. UNIT 402  
 SECRETARY  
 STEPHANIE MORRISON  
☒ ADDITION