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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Northing
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 763425 (6)
1. Corporation Name
AMBASSADOR BEACH OWNERS ASSOCIATION, INC.

Principal Place of Business Mailing Address
15617 FRONT BCH RD 15617 FRONT BCH RD
PANAMA CITY BEACH FL 32413 PANAMA CITY BEACH FL 32413

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 05/25/1982 3a. Date of Last Report 06/03/1994
4. FEI Number 59-2251052 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ \$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 Zip Country 29 Zip Country 30 Zip Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SEABORN, HOWELL
309 S WAUKESHA ST
BONIFAY FL 32425

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Signature: typed or printed name of registered agent and the if applicable

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY ST ZIP
HILL, HAROLD
BOX 9480
PANAMA CITY BCH FL
VP
NAME
STREET ADDRESS
CITY ST ZIP
MILLER, WAYNE D.
106 F DU RHU DR.
MOBILE AL
D
NAME
STREET ADDRESS
CITY ST ZIP
HOWELL, SEABORN, JR.
309 S. WAUKESHA ST.
BONIFAY FL
P
NAME
STREET ADDRESS
CITY ST ZIP
TAYLOR, HELEN
212 VIRGINIA AVE.
LYNN HAVEN FL.
DS
NAME
STREET ADDRESS
CITY ST ZIP
FLOYD, JAMES
1810 MONTGOMERY HWY.
DOTHAN AL
D
NAME
STREET ADDRESS
CITY ST ZIP
WATKINS, JOHN
PO BOX 494 NR
TROY AL

11 TITLE ☐ Change ☐ Addition
12 NAME
13 STREET ADDRESS
14 CITY ST ZIP
21 TITLE ☐ Change ☐ Addition
22 NAME
23 STREET ADDRESS
24 CITY ST ZIP
31 TITLE ☐ Change ☐ Addition
32 NAME
33 STREET ADDRESS
34 CITY ST ZIP
41 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY ST ZIP
51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY ST ZIP
61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 CITY ST ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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:

Helen Taylor President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/95 904 234 2112
Date Signature