

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 763425 (6)

1. Corporation Name
AMBASSADOR BEACH OWNERS ASSOCIATION, INC.



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

3. Date Incorporated or Qualified: 05/25/1982
3a. Date of Last Report: 05/01/1995
4. FEI Number: 59-2251052
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21, 22, 23, 24
2a. Mailing Address: 25, 26, 27, 28, 29, 30

9. Name and Address of Current Registered Agent
**SEABORN, HOWELL
309 S WAUKESHA ST
BONIFAY FL 32425**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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 officer 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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	T <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HILL, HAROLD	1.2 NAME	
STREET ADDRESS	BOX 9480	1.3 STREET ADDRESS	
CITY-ST-ZIP	PANAMA CITY BCH FL	1.4 CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLER, WAYNE D.	2.2 NAME	Coy Pierce
STREET ADDRESS	106 F DU RHU DR.	2.3 STREET ADDRESS	221 Sycamore Street
CITY-ST-ZIP	MOBILE AL	2.4 CITY-ST-ZIP	Elizabethtown, KY 42701
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOWELL, SEABORN, JR.	3.2 NAME	D Martin Torrence
STREET ADDRESS	309 S WAUKESHA ST.	3.3 STREET ADDRESS	P. O. Box 36
CITY-ST-ZIP	BONIFAY FL	3.4 CITY-ST-ZIP	Duluth, GA 30136
TITLE	P <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TAYLOR, HELEN	4.2 NAME	
STREET ADDRESS	212 VIRGINIA AVE.	4.3 STREET ADDRESS	
CITY-ST-ZIP	LYNN HAVEM FL.	4.4 CITY-ST-ZIP	
TITLE	DS <input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FLOYD, JAMES	5.2 NAME	Betty Gunn
STREET ADDRESS	1810 MONTGOMERY HWY.	5.3 STREET ADDRESS	801 Hillflo Avenue
CITY-ST-ZIP	DOthan AL	5.4 CITY-ST-ZIP	Opelika, AL 36801
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WATKINS, JOHN	6.2 NAME	D Chuck Davis
STREET ADDRESS	PO BOX 494 NR	6.3 STREET ADDRESS	607 E Main Street
CITY-ST-ZIP	TROY AL	6.4 CITY-ST-ZIP	Chattanooga, TN 37408

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 119.07(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 Helen Taylor 4-27-96 (904) 265-9424
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)