

6-3-97 B-7735 c
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 Jun 03 1997 8:00am
 Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 32413-2505
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 05/25/1982		3a. Date of Last Report 05/01/1996	
21 Suite, Apt. #, etc.	22 City & State	26 Suite, Apt. #, etc.	27 City & State	4. FEI Number 59-2251052		Applied For <input type="checkbox"/> Not Applicable	
23 Zip	24 Country	28 Zip	29 Country	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
25		30		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

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
Anna Bracewell (T)
 82 Street Address (P.O. Box Number is Not Acceptable)
15617 Front Beach Rd Unit 332
 83
 84 City
Panama Bch Fl **FL** 85 Zip Code
32413

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 *[Signature]* DATE **May 26/97**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
T NAME: HILL, HAROLD STREET ADDRESS: BOX 9480 CITY-ST-ZIP: PANAMA CITY BCH FL	<input checked="" type="checkbox"/> DELETE	1.1 TITLE: T VP 1.2 NAME: Howell Seaborn 1.3 STREET ADDRESS: Same address 1.4 CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
VP NAME: PIERCE, COY STREET ADDRESS: 221 SYCAMORE STREET CITY-ST-ZIP: ELIZABETHTOWN KY	<input type="checkbox"/> DELETE	2.1 TITLE: D 2.2 NAME: Pierce Coy 2.3 STREET ADDRESS: Same address 2.4 CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
D NAME: TORRENCE, MARTIN STREET ADDRESS: P.O. BOX 38 CITY-ST-ZIP: DULUTH GA	<input checked="" type="checkbox"/> DELETE	3.1 TITLE: D 3.2 NAME: Jackson Fred 3.3 STREET ADDRESS: 1602 Hermitage Dr 3.4 CITY-ST-ZIP: Florence AL 3638	<input type="checkbox"/> Change <input type="checkbox"/> Addition
P NAME: TAYLOR, HELEN STREET ADDRESS: 212 VIRGINIA AVE. CITY-ST-ZIP: LYNN HAVEN FL	<input checked="" type="checkbox"/> DELETE	4.1 TITLE: P 4.2 NAME: James Floyd 4.3 STREET ADDRESS: 3246 Montgomery Hwy 4.4 CITY-ST-ZIP: Dallas TX 75203	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
DS NAME: GUNN, BETTY STREET ADDRESS: 801 HILLFLO AVENUE CITY-ST-ZIP: OPELIKA AL	<input type="checkbox"/> DELETE	5.1 TITLE: DS 5.2 NAME: Gunn Betty 5.3 STREET ADDRESS: Same address 5.4 CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
D NAME: DAVIS, CHUCK STREET ADDRESS: 607 E MAIN STREET CITY-ST-ZIP: CHATTANOOGA TN	<input type="checkbox"/> DELETE	6.1 TITLE: D 6.2 NAME: Davis Chuck 6.3 STREET ADDRESS: Same address 6.4 CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do 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 change.

SIGNATURE *[Signature]* DATE **May 26/97**

CR2E037 (9/96)

In case you can't read enclosed

James Floyd - President
Seaborn Howell - V. President
Anna Drowell - T
Betty Owen - Sec
Chuck Davis - D
Fred Jackson - D
Cay Kevin - T