## FILE NOW: FILING FEE IS \$61.25

**FILED** NONPROFIT May 14 1998 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Morthag **ANNUAL REPORT** Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # AMBASSADOR BEACH OWNERS ASSOCIATION, INC. Principal Place of Business Mailing Address 15817 FRONT BCH RD 15617 FRONT BCH RD 3. Date Incorporated or Qualified PANAMA CITY BEACH FL 32413 PANAMA CITY BEACH FL 32413 05/25/1982 4. FEI Number Applied For 59-2251052 Not Applicable 2. Principal Place of Business 2a. Mailing Address \$8.75 Additional 5. Certificate of Status Desired 26 Fee Required Suite, Apt. #, etc. Suite, Apt. #, etc. 6. Election Campaign Financing \$5.00 May Be 22 Trust Fund Contribution Added to Fees City & State City & State 7. Is this nonprofit corporation a homeowners association? 23 Yes Country Žip Country Zip 8. This corporation owes or has paid the current year intangible Yes 24 25 29 Personal Property Tax due Jurie 30. 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name BRACEWELL, ANNA 62 Box Number is Not Acceptable) 15617 FROM BEACH RD 83 PANAMA CITY FL 82413 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 of the objections of, Section 617.0503, Florida Statutes. SIGNATURE (NOTE: Registered Agent signature i 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE DELETE 1.1 TITLE Change Addition NAME 1.2 NAME STREET ADDRESS 1.3 STREET ADDRESS CITY-ST-ZIF 1.4 CITY-ST-ZIP TITLE 2.1 TITLE COY, PIERCE NAME 2.2 NAME 221 SYCAMORE STREET STREET ADDRESS 2.3 STREET ADDRESS **EUZABETHTOWN KY** CITY-ST-ZIP 4 CATY-ST-ZIP DELETE TITLE 31 TITLE 32 NAME JACKSON, FRED NAME 1408 Jacqueline **1602 HERMITAGE DRIVE** STREET ADDRESS 3.3 STREET ADDRESS **FLORENCE AL** CITY-ST-ZIP 3.4. CITY-ST-ZIP ☐ DELETE TITLE 4.1 TITLE FLOYD, JAMES NAME 4.2 NAME 3246 MONTGOMERY HWY STREET ADDRESS 4.3 STREET ADDRESS **DOTHAN AL** CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE TITLE 5.1 TITLE ■ Addition **GUNN, BETTY** 5.2 NAME **801 HILLFLO AVENUE** STREET ADDRESS 5.3 STREET ADDRESS **OPELIKA AL** CITY-ST-ZIP 5.4 CITY - ST - ZIP TITLE DELETE 6.1 TITLE DAVIN, CHECK Davis, Chuck NAME 6.2 NAME 607 E Main St. **607 E MAIN STREET** STREET ADDRESS 6.3 STREET ADDRESS CHATTANOOGA TN Challanooga, TN CITY-ST-ZIP

14. I 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. 850-547- 3684