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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 763425

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



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified  
05/25/1982

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number  
59-2251052

Applied For  
Not Applicable

23 City & State

27 City & State

5. Certificate of Status Desired   
6. Election Campaign Financing   
Trust Fund Contribution

\$8.75 Additional  
Fee Required

\$5.00 May Be  
Added to Fees

24 Zip Country

28 Zip Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HOWELL, S L  
309 WAUKESHA STREET  
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 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, print or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE TT  DELETE  
NAME HOWELL, SEABORO  
STREET ADDRESS 309 WAUKESHA STREET  
CITY-ST-ZIP BONIFAY FL 32425

1.1 TITLE  Change  Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE D  DELETE  
NAME COY, PIERCE  
STREET ADDRESS 221 SYCAMORE STREET  
CITY-ST-ZIP ELIZABETHTOWN KY

2.1 TITLE  Change  Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE D  DELETE  
NAME DODSON, ED  
STREET ADDRESS 1408 JACQUELINE DRIVE  
CITY-ST-ZIP COLUMBO GA 31907

3.1 TITLE  Change  Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE P  DELETE  
NAME FLOYD, JAMES  
STREET ADDRESS 3246 MONTGOMERY HWY  
CITY-ST-ZIP DOTHAN AL

4.1 TITLE  Change  Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE VP  DELETE  
NAME GUNN, BETTY  
STREET ADDRESS 801 HILLFLO AVENUE  
CITY-ST-ZIP OPELIKA AL

5.1 TITLE  Change  Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE D  DELETE  
NAME DAVIS, CHUCK  
STREET ADDRESS 607 E MAIN STREET  
CITY-ST-ZIP CHATTANOOGA TN

6.1 TITLE  Change  Addition  
6.2 NAME FESSIE HOWARD  
6.3 STREET ADDRESS 151 PENN HAVEN  
6.4 CITY-ST-ZIP SPRINGVILLE AL 35146

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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)