2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 17, 2004 8:00 am
Secretary of State
05-17-2004 90019 018 ****61.25

24076333

DOCUMENT # 763425

1. Entity Name
AMBASSADOR BEACH OWNERS ASSOCIATION, INC.

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

04302004 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-2251052 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

DEWAR, BRENDA M
2122 BENT OAK CT
PANAMA CITY, FL 32408

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD HOWELL, SEABORO 309 WAUKESHA STREET BONIFAY, FL 32425	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD Howell, Seaborn 309 Waukesha St Bonifay, FL 32425	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D COY, PIERCE 221 SYCAMORE STREET ELIZABETHTOWN, KY	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD Loring, Bud 410 Chandler Ridge McDonough, GA 30253	☒ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD BONTS, LORNA 6301 W WATERSON TRAIL LOUISVILLE, KY	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D FLOYD, JAMES 3246 MONTGOMERY HWY DOTHAN, AL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD Floyd, James 3246 Montgomery Hwy Dothan, AL 36301	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD GUNN, BETTY 6812 SOUTH LAGOON DR PANAMA CITY, FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD Gunn, Betty 6812 South Lagoon Dr Panama City, FL 32408	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P MONTY, ERVIN 400 WASHINTON ST DOTHAN, AL 36301	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Betty Gunn 4-30-04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #