


**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 10, 2003 8:00 am
Secretary of State

04-10-2003 90083 035 ****61.25

DOCUMENT # N00000004124

1. Entity Name
SUMMER TOWNE OWNERS ASSOCIATION, INC.



Principal Place of Business Mailing Address
C/O LARRY STEPHENS **C/O LARRY STEPHENS**
1717 BROWN AVE. **1717 BROWN AVE.**
PANAMA CITY FL 32401 **PANAMA CITY FL 32401**

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 **59-3702717** Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

BENNETT, DERRICK
112 E. THIRD CT.
PANAMA CITY FL 32401

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

FILE NOW: FEE IS \$61.25

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

TITLE NAME	D <input type="checkbox"/> Delete
STREET ADDRESS	STEPHENS, LARRY
CITY-ST-ZIP	1717 BROWN AVE.
	PANAMA CITY FL 32401
TITLE NAME	D <input type="checkbox"/> Delete
STREET ADDRESS	STEPHENS, TERESA
CITY-ST-ZIP	1717 BROWN AVE.
	PANAMA CITY FL 32401
TITLE NAME	D <input type="checkbox"/> Delete
STREET ADDRESS	CARR, MICHAEL V
CITY-ST-ZIP	302 MOONLIGHT DR.
	PANAMA CITY BEACH FL 32407
TITLE NAME	D <input type="checkbox"/> Delete
STREET ADDRESS	CARR, LINDA E
CITY-ST-ZIP	302 MOONLIGHT DR.
	PANAMA CITY BEACH FL 32407
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	

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: *[Signature]* **4-8-03** **850-234-TTD**

CR2E037 (10/02)