

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N10523 (1)

1. Corporation Name

HOLIDAY BEACH ON THE GULF PROPERTY OWNERS ASSOCIATION, INC.



Principal Place of Business GENEZ VAUGHN 4117 NANCEE DR. PANAMA CITY BCH. FL 32408	Mailing Address GENEZ VAUGHN 4117 NANCEE DR. PANAMA CITY BCH. FL 32408
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3. Date Incorporated or Qualified 08/01/1985	3a. Date of Last Report 04/03/1995
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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4. FEI Number NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**VAUGHN, GENEZ
4117 NANCEE DR
PANAMA CITY FL 32408**

10. Name and Address of New Registered Agent

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

12. OFFICERS AND DIRECTORS

TITLE <input type="checkbox"/> DELETE	
NAME D RICHARD THOMAS	
STREET ADDRESS 316 RESIDENCE AVE.	
CITY-STATE-ZIP ALBANY GA	
TITLE <input type="checkbox"/> DELETE	
NAME D RICHARD WENTZEL	
STREET ADDRESS P. O. BOX AA N/A	
CITY-STATE-ZIP FENTON MO	
TITLE <input type="checkbox"/> DELETE	
NAME DP HIGHSMITH, MIKE	
STREET ADDRESS P. O. BOX 9531 N/A	
CITY-STATE-ZIP PANAMA CITY BEACH FL	
TITLE <input type="checkbox"/> DELETE	
NAME DRA GENEZ VAUGHN	
STREET ADDRESS 4117 NANCEE DR.	
CITY-STATE-ZIP PANAMA CITY BCH. FL	
TITLE <input type="checkbox"/> DELETE	
NAME D PEAVY, JACK	
STREET ADDRESS 1807 W MAINE ST.	
CITY-STATE-ZIP DOTHAN AL	
TITLE <input type="checkbox"/> DELETE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-STATE-ZIP	
2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-STATE-ZIP	
3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-STATE-ZIP	
4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-STATE-ZIP	
5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-STATE-ZIP	
6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-STATE-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: *Genez Vaughn* **2-2-96** **904 233 1293**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)