

FILE NOW: FILING FEE IS \$61.25

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Feb 16 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N10523 (1)

1. Corporation Name
HOLIDAY BEACH ON THE GULF PROPERTY OWNERS ASSOCIATION, INC.



Principal Place of Business JACK D. PEAVY 4129 DANNY DR. PANAMA CITY BCH. FL 32408 US	Mailing Address JACK D. PEAVY 4129 DANNY DR. PANAMA CITY BCH. FL 32408 US
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3. Date Incorporated or Qualified 08/01/1985	
4. FEI Number NOT APPLICABLE	Applied For <input type="checkbox"/> 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
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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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9. Name and Address of Current Registered Agent

**JACK D. PEAVY
4129 DANNY 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	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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	D <input type="checkbox"/> DELETE
NAME	KEN WILKES
STREET ADDRESS	7031 THOMAS DR.
CITY-ST-ZIP	PANAMA CITY BCH FL
TITLE	D <input type="checkbox"/> DELETE
NAME	THOMAS NANCE
STREET ADDRESS	4108 NANCEE DR.
CITY-ST-ZIP	PANAMA CITY BCH FL
TITLE	D <input type="checkbox"/> DELETE
NAME	HIGHSMITH, MIKE
STREET ADDRESS	4120 DANNY DR.
CITY-ST-ZIP	PANAMA CITY BEACH FL
TITLE	D <input type="checkbox"/> DELETE
NAME	KRIS MCKENNEY
STREET ADDRESS	4114 DANNY DR.
CITY-ST-ZIP	PANAMA CITY BCH. FL
TITLE	PRA <input type="checkbox"/> DELETE
NAME	PEAVY, JACK
STREET ADDRESS	4129 DANNY DR.
CITY-ST-ZIP	PANAMA CITY BCH FL
TITLE	D <input type="checkbox"/> DELETE
NAME	BRENDA ELLIS
STREET ADDRESS	4133 DANNY DR.
CITY-ST-ZIP	PANAMA CITY BCH FL

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-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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 deleted with an address.

SIGNATURE: **JACK D. PEAVY, PRES.** 2/11/98 (850) 285-2112

CR2E037 (10/97)