

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # N24552 ✓

1. Corporation Name

BEACHWALK OWNERS ASSOCIATION, INC.

Principal Place of Business

17751 PANAMA CITY BCH PKWY
PANAMA CITY BCH. FL 32413
US

Mailing Address

17751 PANAMA CITY BCH PKWY
PANAMA CITY BCH. FL 32413
US

FILED
Apr 30, 1999 8:00 am
Secretary of State

04-30-1999 90116 038 ****61.25



4/30/99 90116 038 \$61.25

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

3. Date Incorporated or Qualified
01/28/1988

4. FEI Number
59-2877328

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

LANGLEY, BARBARA
17751 P C BCH PKWY, #14B
PANAMA CITY BCH. FL 32413

10. Name and Address of New Registered Agent

81 Name
COOK, TRENA

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

17751 PCB PKWY 16-A

83

84 City
PANAMA CITY BEACH, FL

85 Zip Code
32413

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

Trena Cook
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

7-9-99
DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
PEPPLER, MEYRLE
6305 RESERVE LINE RD
FT. WAYNE IN 46819 ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
BETTY KEEFE
17751 PC BEACH PKWY #12B
PANAMA CITY FL ☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
LANGLEY, BARBARA
17751 PC BCH PKWY #14B
PANAMA CITY BEACH FL ☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
JOHNSON, EDESEL
17751 PC BCH PKWY #17E
PANAMA CITY FL ☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
T
JIM MCNEILL
17751 PC BCH PKWY #10E
PANAMA CITY BCH FL ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
THOMAS, BOB
17751 PC BCH PKWY
PANAMA CITY BCH FL ☒ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
TREASURER - D
BRUNTON, BOB
17751 PCB PKWY 13-F
PCB, FL 32413 ☐ Change ☒ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
PRESIDENT - D
KIRBY, BOB
17751 PCB PKWY 15-E
PCB, FL 32413 ☐ Change ☒ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
VP - D
JOANNE MCCARTY
17751 PCB PKWY 1-E
PCB, FL 32413 ☐ Change ☒ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
DIRECTOR - D
☒ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP
SECRETARY - D
COOK, TRENA
17751 PCB PKWY 16-A
PCB, FL 32413 ☐ Change ☒ Addition

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: *Robert L. Brunton* SIGNATURE REQUIRED: ROBERT L. BRUNTON 7-8-99 233-7137
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (5/99)