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CORPORATION ANNUAL REPORT **1995**

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 12 PM 12:12

DOCUMENT # **N50385** **(6)**

1. Corporation Name
PORT OF CALL OWNERS' ASSOCIATION, INC.

Principal Place of Business	Mailing Address
103 NEWMAN DRIVE DESTIN FL 32541	P. O. BOX 5094 DESTIN FL 32540

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **08/14/1992**
3a. Date of Last Report: **02/21/1994**
4. FEI Number: **59-3165345** ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21	26 107 Newman Drive
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28 Destin, FL
Zip 24 / Country 25	Zip 29 32541 / Country 30

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. *This corporation has liability for intangible tax under S. 199.032, Florida Statutes* ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
NEWMAN, BOBBY R 703 BAYOU DRIVE DESTIN FL 32541	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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE	D	☒ Change ☐ Addition
NAME	NEWMAN, BOBBY R	12 NAME	Newman, Bobby R.	
STREET ADDRESS	703 BAYOU DRIVE	13 STREET ADDRESS	703 Bayou Drive	
CITY-ST-ZIP	DESTIN FL	14 CITY-ST-ZIP	Destin, FL 32541	
TITLE	VD	21 TITLE	D	☒ Change ☐ Addition
NAME	NEWMAN, ELIZABETH L	22 NAME	Barnes, Art	
STREET ADDRESS	703 BAYOU DRIVE	23 STREET ADDRESS	118 Lisa Marie	
CITY-ST-ZIP	DESTIN FL	24 CITY-ST-ZIP	Shalimar, FL 32569	
TITLE	STD	31 TITLE	PD	☒ Change ☐ Addition
NAME	NEWMAN, WILLIAM DANNY	32 NAME	McCormick, Joseph	
STREET ADDRESS	1208 QUAIL LAKE BLVD	33 STREET ADDRESS	3239 Heathrow Downs	
CITY-ST-ZIP	DESTIN FL	34 CITY-ST-ZIP	Birmingham, AL 35226	
TITLE		41 TITLE	VD	☒ Change ☐ Addition
NAME		42 NAME	Meriwether, Joel	
STREET ADDRESS		43 STREET ADDRESS	116 Newman Drive	
CITY-ST-ZIP		44 CITY-ST-ZIP	Destin, FL 32541	
TITLE		51 TITLE	STD	☒ Change ☐ Addition
NAME		52 NAME	Smith, Elma M.	
STREET ADDRESS		53 STREET ADDRESS	P.O. Box 6357	
CITY-ST-ZIP		54 CITY-ST-ZIP	Destin, FL 32541	
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-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)(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.

SIGNATURE: Joseph P. McCormick 4/5/95 205-822-4533
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0071799