2000 UNIFORM BUSINESS REPORT (UBR) FILED Jan 14, 2000 8:00 am **DOCUMENT # N24552 Secretary of State** 1. Entity Name BEACHWALK OWNERS ASSOCIATION, INC. 01-14-2000 90027 021 ****61.25 Principal Place of Business Mailing Address 17751 PANAMA CITY BCH PKWY 17751 PANAMA CITY BCH PKWY B0001830 PANAMA CITY BCH. FL 32413 PANAMA CITY BCH. FL 32413-6020 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-2877328 Not Access \$8.75 Additional Zip Zip Country Country 5. Certificate of Status Desired Fee Required - - 7. Name and Address of New Registered Agent . ** 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) COOK, TRENA 17751 PCB PKWY 16-A Zip Code City PANAMA CITY BCH. FL 32413 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. SIGNATURE DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) Make Check Payable to 9. Election Campaign Financing FILE NOW: \$5.00 May Be Trust Fund Contribution. Added to Fees Department of State FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. ☐ Change ☐ Delete TITLE TITLE NAME PEPPLER, MEYRLE NAME STREET ADDRESS STREET ADDRESS 6305 RESERVE LINE RD CITY-ST-ZIP CITY-ST-ZIP FT. WAYNE IN 46819 Change ☐ Delete TITLE TITLE TD NAME **BRUNTON, ROB** NAME STREET ADDRESS STREET ADDRESS 17751 PCB PKWY 13-F CITY-ST-ZIP CITY-ST-ZIP PANAMA CITY FL 32413 Change ☐ Delete TITLE TITLE KIRBY, BOB NAME NAME STREET ADDRESS STREET ADDRESS 17751 PCB PKWY 15-E CITY-ST-ZIP CITY-ST-ZIP PANAMA CITY FL 32413 ☐ Change TITLE ▼ Delete TITLE hadold peterson NAME NAME MCCARTY, JOANNE 17751 PCB PKW 19-E STREET ADDRESS STREET ADDRESS 17751 PCB PKW 1-C CITY-ST-ZIP CITY-ST-ZIP 32413 PANAMA CITY FL 32413 PANAMA CITY ☐ Delete Change TITLE TITLE JIM MCNEILL NAME NAME STREET ADDRESS STREET ADORESS 17751 PC BCH PKWY #10E CITY-ST-ZIP CITY-ST-7IP PANAMA CITY BCH FL Change □ ☐ Delete TITLE SD TITLE NAME COOK, TREVA NAME STREET ADDRESS STREET ADDRESS 17751 PCB PKWY 16-A

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 diversify 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 changed, or on an attachment with an address, with all other like empowered.

CITY-ST-7iP

SIGNATURE:

PANAMA CITY FL 32413

CITY-ST-ZIP

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SNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #