2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2000 8:00 am
Secretary of State
05-22-2000 90037 010 ****61.25

DOCUMENT # N96000004618

1. Entity Name
SUMMERWOOD AT PANAMA CITY BEACH HOMEOWNERS ASSOC., INC.

Principal Place of Business	Mailing Address
7900 GLADES RD SUITE 200 BOCA RATON FL 33434	7900 GLADES RD SUITE 200 BOCA RATON FL 33434

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
415 BECKRICH RD	1096 OLD HWY 98
Suite, Apt. #, etc.: SUITE 350	Suite, Apt. #, etc.: SUITE C102B
City & State: PANAMA CITY BEACH FL	City & State: DESTIN FL
Zip: 32407 Country: USA	Zip: 32541 Country: USA

4. FEI Number: 59-3401099 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BARIC, JOHN 7900 GLADES RD STE 200 BOCA RATON FL 33434	Name: DAVID W. BELL Street Address (P.O. Box Number is Not Acceptable): 1096 OLD HWY 98, STE C102B City: DESTIN **FL** Zip Code: 32541

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: DAVID W. BELL, AGENT — 04-04-00
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST HOWELL, LEWIS 2405 JENKS AVE PANAMA CITY FL 32405	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD VALDER, STEVEN 415 BECKRICH RD STE 350 PANAMA CITY BEACH FL 32407	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D RESTER, JIM 2405 JENKS AVENUE PANAMA CITY FL 32405	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S D MARKWELL, RAY 415 BECKRICH RD, STE 350 PANAMA CITY BEACH FL 32407	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DUKE, DOUG 2405 JENKS AVEUE PANAMA CITY FL 32405	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D STULL, JIM 415 BECKRICH RD D PANAMA CITY BEACH FL 32444	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (9/99)

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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 4-28-00 850-654-1818
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #