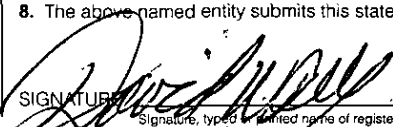


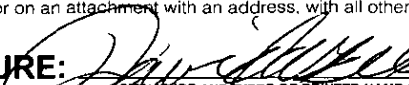
2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2000 8:00 am
Secretary of State

05-22-2000 90037 010 ****61.25

DOCUMENT # N96000004618				DO NOT WRITE IN THIS SPACE	
1. Entity Name SUMMERWOOD AT PANAMA CITY BEACH HOMEOWNERS ASSOC., INC.					
Principal Place of Business 7900 GLADES RD SUITE 200 BOCA RATON FL 33434		Mailing Address 7900 GLADES RD SUITE 200 BOCA RATON FL 33434			
2. Principal Place of Business 415 BECKRICH RD Suite, Apt. #, etc. SUITE 350 City & State PANAMA CITY BEACH FL Zip 32407 Country USA		3. Mailing Address 1096 OLD HWY 98 Suite, Apt. #, etc. SUITE C102B City & State DESTIN FL 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 BARIC, JOHN 7900 GLADES RD STE 200 BOCA RATON FL 33434				7. Name and Address of New Registered Agent 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	P.D 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 Z	☐ 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

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:  **478-00 850-654-1818**
 Signature and Typed or Printed Name of Signing Officer or Director Date Daytime Phone #

CR2E037 (9/99)