2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2001 8:00 am
Secretary of State
04-18-2001 90113 030 ****61.25

DOCUMENT # N96000004618

1. Entity Name

SUMMERWOOD AT PANAMA CITY BEACH HOMEOWNERS ASSOC

C0048024

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
~~415 BECKRICH RD~~ ~~STE 350~~ ~~PANAMA CITY BEACH FL 32407~~ ~~US~~	1096 OLD HWY 98 STE C102B DESTIN FL ~~32541~~ US

2. Principal Place of Business	3. Mailing Address
1096 OLD HWY 98	1096 OLD HWY 98
Suite, Apt. #, etc. SUITE C102B	Suite, Apt. #, etc. SUITE C102B
City & State DESTIN FL	City & State DESTIN FL
Zip 32550 / Country US	Zip 32550 / Country US

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
BELL, DAVID W 1096 OLD HWY 98 STE C102B DESTIN FL ~~32541~~	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code 32550

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 3-25-01
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	PD VALDER, STEVEN 415 BECKRICH RD STE 350 PANAMA CITY BEACH FL 32407	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DST NADLER, STEVEN 2800 SOUTH HWY 77 LYNN HAVEN FL 32444	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD MARKWELL, RAY 415 BECKRICH RD STE 350 PANAMA CITY BEACH FL 32407	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MARKWELL, RAY 137 COTTONWOOD CIR LYNN HAVEN FL 32444	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D STULL, JIM 415 BECKRICH RD PANAMA CITY BEACH FL 32444	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV DUKE, DOUG 2800 SOUTH HWY 77 LYNN HAVEN FL 32444	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD RESTER, JAMES M 1701 TOWN CENTER SUITE 201 1701 East C-30A SANTA ROSA BEACH FL 32459	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KAELIN, CHRISTOPHER 315 SUMMERWOOD DR PANAMA CITY BEACH FL 32413	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D TAYLOR, JAMES 108 LOBLOLLY CT PANAMA CITY BEACH FL 32413	☐ Change ☒ Addition

CR2E037 (10/00)

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: SIGNATURE REQUIRED 3/28/01 850-231-4555
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #