

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2006 8:00 am
Secretary of State

04-12-2006 90106 028 ****61.25

DOCUMENT # N96000004494

1. Entity Name
THE SUMMIT AT TOPS'L OWNERS ASSOCIATION, INC.



Principal Place of Business
**515 TOPS'L BCH BLVD
DESTIN, FL 32550 US**

Mailing Address
**9001 HIGHWAY 98 W
DESTIN, FL 32550 US**

00011447



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04062006 Chg-NP CR2E037 (11/05)

City & State

City & State

4. FEI Number
59-3406281

Applied For
Not Applicable

Zip

Country

Zip

Country

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

**NEWMAN, RAYMOND F JR.
348 MIRACLE STRIP PARKWAY
SUITE 7
FORT WALTON BEACH, FL 32548**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete
NAME **ST**
STREET ADDRESS **SCHNELLE, RICHARD**
CITY-ST-ZIP **515 TOPS 'L BEACH BLVD
DESTIN, FL 32550**

TITLE ☒ Change ☐ Addition
NAME **TD**
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **VPD**
STREET ADDRESS **JOHNSON, WADE**
CITY-ST-ZIP **3904 BRIARGLEN CT.
ATLANTA, GA 30340**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **SULLIVAN, BILL**
CITY-ST-ZIP **13076 CONGRESS LAKE AVE.
HARTVILLE, OH 44632**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **P**
STREET ADDRESS **HUGHES, RICHARD**
CITY-ST-ZIP **701 MARKET ST., STE 1510
ST LOUIS, MO 63101**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **CANNON, BETTY**
CITY-ST-ZIP **3001 MELODY LN.
NASHVILLE, TN 37214**

TITLE ☒ Change ☐ Addition
NAME **SD**
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Delete
NAME **SD**
STREET ADDRESS **DIETZ, DIANE**
CITY-ST-ZIP **615 ALVARADO LANE NORTH
MINNEAPOLIS, MN 55447**

TITLE ☐ Change ☒ Addition
NAME **RAY MUSTON**
STREET ADDRESS **267 E. GRANTVIEW DRIVE**
CITY-ST-ZIP **CORALVILLE, IA 52241**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

Richard A. Schnelle, Treasurer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-6-06
Date

850-622-9734
Daytime Phone #

Richard A. Schnelle