NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 03, 2003 8:00 am
Secretary of State
09-03-2003 90022 018 ****61.25

DOCUMENT # N96000004618

1. Entity Name
Summerwood at Panama City Beach Homeowners Association, Inc.

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2. Principal Place of Business	3. Mailing Address
Burg Management	P. O. Box 18476
Suite, Apt. #, etc.: 2827 Joan Ave, Ste B	Suite, Apt. #, etc.:
City & State: Panama City Beach, FL	City & State: Panama City Beach, FL
Zip: 32408 Country: USA	Zip: 32417 Country: USA

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

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

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7. Name and Address of Current Registered Agent

Name: Jerome W. Burg

Street Address (P.O. Box Number is Not Acceptable): 2827 Joan Avenue, Suite B

City: Panama City Beach FL Zip Code: 32408

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: Jerome W Burg JEROME W BURG, MANAGER DATE: 8/26/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FEE IS $61.25 Initial or Amended UBR	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

TITLE	DP	TITLE	
NAME	Thomas K. McDermott	NAME	
STREET ADDRESS	221 Beachwood Lane	STREET ADDRESS	
CITY-ST-ZIP	Panama City Beach, FL 32413	CITY-ST-ZIP	
TITLE	DV	TITLE	
NAME	Steve Daughtry	NAME	
STREET ADDRESS	212 Summerwood Drive	STREET ADDRESS	
CITY-ST-ZIP	Panama City Beach, FL 32413	CITY-ST-ZIP	
TITLE	D	TITLE	
NAME	Richard Nisley	NAME	
STREET ADDRESS	121 Summerwood Drive	STREET ADDRESS	
CITY-ST-ZIP	Panama City Beach, FL 32413	CITY-ST-ZIP	
TITLE	DS	TITLE	
NAME	John Golden	NAME	
STREET ADDRESS	112 Windridge Lane	STREET ADDRESS	
CITY-ST-ZIP	Panama City Beach, FL 32413	CITY-ST-ZIP	
TITLE	DT	TITLE	
NAME	Amanda Nichols	NAME	
STREET ADDRESS	91 Windridge Court	STREET ADDRESS	
CITY-ST-ZIP	Panama City Beach, FL 32413	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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CR2E037B (12/02)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Amanda Nichols Jones 8/26/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #