

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N06000004213

**Entity Name:** SHORES OF PANAMA RESORT COMMUNITY ASSOCIATION, INC.**FILED**  
**Apr 22, 2021**  
**Secretary of State**  
**1651544839CC****Current Principal Place of Business:**9900 S. THOMAS DRIVE  
PANAMA CITY BEACH, FL 32408**Current Mailing Address:**P.O. BOX 18559  
PANAMA CITY BEACH, FL 32417 US**FEI Number: 20-8304830****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**HAND ARENDALL HARRISON SALE LLC  
35008 EMERALD COAST PARKWAY  
SUITE 500  
DESTIN, FL 32541 US*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:** /S/ JOHN P. TOWNSEND**04/22/2021**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            TABOR, CHISLOTH (CHRIS) H  
Address        PO BOX 18559  
City-State-Zip: PANAMA CITY BEACH FL 32417

Title            VP  
Name            LEONE, ROBERT (BOB)  
Address        PO BOX 18559  
City-State-Zip: PANAMA CITY BEACH FL 32417

Title            TREASURER  
Name            GONRING, RUSS  
Address        PO BOX 18559  
City-State-Zip: PANAMA CITY BEACH FL 32417

Title            DIRECTOR  
Name            LAUTZENHEISER, DEAN  
Address        PO BOX 18559  
City-State-Zip: PANAMA CITY BEACH FL 32417

Title            DIRECTOR  
Name            RUSSELL, PAUL  
Address        PO BOX 18559  
City-State-Zip: PANAMA CITY BEACH FL 32417

Title            SECRETARY  
Name            HINDES, DENISE  
Address        P.O. BOX 18559  
City-State-Zip: PANAMA CITY BEACH FL 32417

Title            ASST. SECRETARY  
Name            ZARDA, KELLY  
Address        P.O. BOX 18559  
City-State-Zip: PANAMA CITY BEACH FL 32417

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** /S/ CHISLOTH (CHRIS) H. TABOR**PRESIDENT****04/22/2021**

Electronic Signature of Signing Officer/Director Detail

Date