2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000004213

Entity Name: SHORES OF PANAMA RESORT COMMUNITY ASSOCIATION, INC.

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:

BECKER & POLIAKOFF
348 MIRACLE STRIP PKWY SW
SUITE 7
FORT WALTON BEACH, FL 32548 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: KRISTINA HEMING   03/29/2016

Electronic Signature of Registered Agent   Date

Officer/Director Detail :

Title	V.P.	Title	SECRETARY
Name	HINDES, DENISE	Name	SMITH, JEANNIE
Address	PO BOX 18559	Address	PO BOX 18559
City-State-Zip:	PANAMA CITY BEACH FL 32417	City-State-Zip:	PANAMA CITY BEACH FL 32417
Title	DIRECTOR	Title	DIRECTOR
Name	PAUL, RUSSELL	Name	IRELAND, ZANA
Address	9900 THOMAS DR	Address	9900 THOMAS DR
City-State-Zip:	PANAMA CITY BEACH FL 32407	City-State-Zip:	PANAMA CITY BEACH FL 32407
Title	TREASURER	Title	P, D
Name	HARTMAN, ENOCH	Name	LAUTZENHEISER, DEAN
Address	PO BOX 18559	Address	PO BOX 18559
City-State-Zip:	PANAMA CITY BEACH FL 32417	City-State-Zip:	PANAMA CITY BEACH FL 32417
Title	D		
Name	DOLLAR, SUSAN		
Address	9900 THOMAS DRIVE		
City-State-Zip:	PANAMA CITY BEACH FL 32407		

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: DENISE HINDES   VP   03/29/2016

Electronic Signature of Signing Officer/Director Detail   Date