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Jul 10 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Morgan
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 713011 (5)

1. Corporation Name

PANAMA CITY SWIM AND TENNIS CLUB, INC.



Principal Place of Business

Mailing Address

HWY 390
P O BOX 38
LYNN HAVEN FL 32444

HWY 390
P O BOX 38
LYNN HAVEN FL 32444-0038

3. Date Incorporated or Qualified
06/29/1967

3a. Date of Last Report
05/22/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

4. FEI Number
59-1541883

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

TAYLOR, LOUISA
212 VIRGINIA AVE
LYNN HAVEN FL 32444

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

*SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE S
NAME BASSETT, KAREN
STREET ADDRESS 2643 FEROL LANE
CITY-ST-ZIP LYNN HAVEN FL ☒ DELETE

1.1 TITLE T
1.2 NAME Rock D'Aoust
1.3 STREET ADDRESS 2143 BRIARWOOD CIRCLE
1.4 CITY-ST-ZIP PANAMA CITY, FL, 32405 ☐ Change ☒ Addition

TITLE P
NAME TAYLOR, LOUISA
STREET ADDRESS 272 VIRGINIA AVE
CITY-ST-ZIP LYNN HAVEN FL ☒ DELETE

2.1 TITLE P
2.2 NAME BOB SIMONSON
2.3 STREET ADDRESS P.O. Box 55 4329 CINDY LANE
2.4 CITY-ST-ZIP PANAMA CITY, FL 32444 ☐ Change ☒ Addition

TITLE D
NAME PERCY, PAM
STREET ADDRESS 3010 W. 20TH COURT
CITY-ST-ZIP PANAMA CITY FL ☒ DELETE

3.1 TITLE D
3.2 NAME BETTY WACHOB
3.3 STREET ADDRESS 3010 W 20TH COURT
3.4 CITY-ST-ZIP PANAMA CITY, FL 32405 ☐ Change ☒ Addition

TITLE D S
NAME SCOTT, BONNIE
STREET ADDRESS 2134 HENTZ DR.
CITY-ST-ZIP PANAMA CITY FL 32405 ☐ DELETE

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE DV
NAME AYES, WYN
STREET ADDRESS 2121 SHAMROCK LANE
CITY-ST-ZIP LYNN HAVEN FL 32444 ☒ DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME Bob Simonson
STREET ADDRESS P.O. Box 55
CITY-ST-ZIP LYNN HAVEN, FL 32444 ☐ DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

CR2E037 (9/96)