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Apr 02 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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

3. Date Incorporated or Qualified

06/29/1967

4. FEI Number

59-1541883

Applied For

Not Applicable

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

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

TAYLOR, LOUISA  
212 VIRGINIA AVE  
LYNN HAVEN FL 32444

10. Name and Address of New Registered Agent

81 Name TAYLOR, DON  
82 Street Address (P.O. Box Number is Not Acceptable)  
212 Virginia Avenue  
83 Lynn Haven  
84 City FL 85 Zip Code 32444

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 DON TAYLOR

3-18-98

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE  
NAME D'Aoust, ROCH  
STREET ADDRESS 2143 BRIAWOOD CIRCLE  
CITY-ST-ZIP PANAMA CITY FL 32405

TITLE ☒ DELETE  
NAME SIMONSON, BOB  
STREET ADDRESS 4329 CINDY  
CITY-ST-ZIP LYNN HAVEN FL

TITLE ☒ DELETE  
NAME WACLOB, BETTY  
STREET ADDRESS 3010 W 20TH COURT  
CITY-ST-ZIP PANAMA CITY FL

TITLE ☒ DELETE  
NAME SCOTT, BONNIE  
STREET ADDRESS 2134 HENTZ DR.  
CITY-ST-ZIP PANAMA CITY FL

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE President ☐ Change ☒ Addition  
1.2 NAME Taylor, DON  
1.3 STREET ADDRESS 212 Virginia Ave  
1.4 CITY-ST-ZIP Lynn Haven, FL 32444

2.1 TITLE Vice-Pres. ☐ Change ☒ Addition  
2.2 NAME Bassett, Karen  
2.3 STREET ADDRESS 2643 Ferol Lane  
2.4 CITY-ST-ZIP Lynn Haven, FL 32444

3.1 TITLE Secretary ☐ Change ☒ Addition  
3.2 NAME Pam Percy  
3.3 STREET ADDRESS 3010 W. 20th Ct  
3.4 CITY-ST-ZIP Panama City, FL 32405

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

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

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

14. 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 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.

SIGNATURE: DON TAYLOR

3-18-98 850-265-9424

CR2E037 (10/97)