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**FILED**  
**Apr 29, 1999 8:00 am**  
**Secretary of State**

04-29-1999 90083 043 \*\*\*\*61.25

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<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 713011**

1. Corporation Name

**PANAMA CITY SWIM AND TENNIS CLUB, INC.**

Principal Place of Business

HWY 390  
P O BOX 38  
LYNN HAVEN FL 32444

Mailing Address

HWY 390  
P O BOX 38  
LYNN HAVEN FL 32444



2. Principal Place of Business		2a. Mailing Address	3. Date Incorporated or Qualified <b>06/29/1967</b>
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Zip
24	Country	29	Country
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
<b>TAYLOR, DON</b> <b>212 VIRGINIA AVE</b> <b>LYNN HAVEN FL 32444</b>		81	Name
		82	Street Address (P.O. Box Number is Not Acceptable)
		83	
		84	City
		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	<b>T</b>	1.1 TITLE	
NAME	<b>D'Aoust, ROCH</b>	1.2 NAME	
STREET ADDRESS	<b>2143 BRIAWOOD CIRCLE</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PANAMA CITY FL 32405</b>	1.4 CITY-ST-ZIP	
TITLE	<b>PD</b>	2.1 TITLE	
NAME	<b>TAYLOR, DON</b>	2.2 NAME	
STREET ADDRESS	<b>212 VIRGINIA AVE</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>LYNN HAVEN FL 32444</b>	2.4 CITY-ST-ZIP	
TITLE	<b>VPD</b>	3.1 TITLE	
NAME	<b>BASSETT, KAREN</b>	3.2 NAME	
STREET ADDRESS	<b>2643 FEROL LN</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PANAMA CITY FL 32444</b>	3.4 CITY-ST-ZIP	
TITLE	<b>SD</b>	4.1 TITLE	
NAME	<b>PERCY, PAM</b>	4.2 NAME	
STREET ADDRESS	<b>3010 W 20TH CT</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PANAMA CITY FL 32405</b>	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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, with all other like empowered.

SIGNATURE: **Katherine Harris** **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-99 850-265-3952

Date

Daytime Phone #

CR2E037 (11/98)