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Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 727691 (8)

1. Corporation Name

P. A. V. OWNER'S ASSOCIATION, INC.



Principal Place of Business

Mailing Address

7901 SURF DRIVE
PANAMA CITY BEACH FL 32408

7901 SURF DRIVE
PANAMA CITY BEACH FL 32408-7512

3. Date Incorporated or Qualified
10/09/1973

3a. Date of Last Report
04/17/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WATTS, VIRGINIA H.
7901 SURF DRIVE
PANAMA CITY BEACH FL 32407

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 ☐ DELETE

NAME
D BLOUNT, BILL
STREET ADDRESS
404 ROSEMONT
CITY-ST-ZIP
DOTHAN, ALA 00000

TITLE ☐ DELETE

NAME
T WATTS, VIRGINIA
STREET ADDRESS
7901 SURF DRIVE
CITY-ST-ZIP
PANAMA CITY, FL 00000

TITLE ☐ DELETE

NAME
PD WATTS, JAMES K
STREET ADDRESS
7901 SURF DR
CITY-ST-ZIP
PANAMA CITY, FL 00000

TITLE ☒ DELETE

NAME
D WHATLEY, KENNETH
STREET ADDRESS
P.O. BOX 1789
CITY-ST-ZIP
DOTHAN AL

TITLE ☐ DELETE

NAME
VD BARKLEY, JAMES E.
STREET ADDRESS
1700 IMPALA DRIVE
CITY-ST-ZIP
DOTHAN AL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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.

SIGNATURE:

James K. Watts REQUIRED

4-14-97 904-234-6794

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #0000715

CR2E037 (9/96)