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04-27-1999 90051 020 ****61.25

NON-PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 727691

1. Corporation Name

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

* 4 2 6 4 8 9 *
426489 - 90051 - 20

Principal Place of Business
7901 SURF DRIVE
PANAMA CITY BEACH FL 32408

Mailing Address
7901 SURF DRIVE
PANAMA CITY BEACH FL 32408



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

10/09/1973
4. FEI Number
59-2871256

Applied For
No: Applicable

22 City & State

27 City & State

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

23 Zip Country

28 Zip Country

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

24 25

29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ALDRIDGE, MARIE H
5400 HILLTOP AVE
PANAMA CITY BEACH FL 32408

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 *Marie H. Aldridge* DATE *Apr 13, 1999*
(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

VP, Blount 404 Rosemont Dothan, AL
☒ Change ☐ Addition

TITLE **T** ☐ DELETE
NAME **KING, ROSANOD**
STREET ADDRESS **BAY POINT BOX #276**
CITY-ST-ZIP **PANAMA CITY, FL 00000**

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

Rosamond King PO Box 276 Panama City FL 32401
☐ Change ☐ Addition

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

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

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

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

Pres James E. Barkley 1700 Impala Dr Dothan, AL
☒ Change ☐ Addition

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

☐ Change ☐ Addition

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

☐ Change ☐ Addition

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:

SIGNATURE REQUIRED

King 4-21-99 234-344

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E037 (11/98)