

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 25 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham, Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 737741 1. Corporation Name PENSACOLA BEACH LEASEHOLDERS and RESIDENTS ASSOCIATION INC.			
Principal Place of Business		Mailing Address	
P.O. BOX 341 GULF BREEZE, FL 32562			
2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	3a. Date of Last Report
21 PENSACOLA BEACH, FL	26 P.O. BOX 341	01/05/1977	07/03/96
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number	Applied For
22	27	59-1714109	Not Applicable
City & State	City & State	5. Certificate of Status Desired	\$8.75 Additional Fee Required
23 GULF BREEZE	28 GULF BREEZE FL	<input type="checkbox"/>	\$5.00 May Be Added to Fees
Zip	Zip	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>
24	25	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Country	Country		
29 32562	30 US		
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
JEAN KUTINA 1299 FT. PICKENS ROAD PENSACOLA BEACH FL 32561		81 Name RAYMOND W. O'KEEFE 82 Street Address (P.O. Box Number is Not Acceptable) 10 SEASHORE DRIVE 83 84 City PENSACOLA BEACH FL 85 Zip Code 32561	
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: Raymond W. O'Keefe		RAYMOND W. O'KEEFE Vice President 4-21-97	
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD KEVIN LAKINS	1.1 TITLE	
NAME	100 ARIOLA DRIVE	1.2 NAME	
STREET ADDRESS	PENSACOLA BEACH, FL 32561	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	VD VLAIR, SCOTT	2.1 TITLE	VD RAY O'KEEFE
NAME	16 CALLE HERMOSA	2.2 NAME	10 SEASHORE DRIVE
STREET ADDRESS	PENSACOLA BEACH FL 32561	2.3 STREET ADDRESS	PENSACOLA BEACH, FL 32561
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	TD SHELIA QYGI	3.1 TITLE	
NAME	3 SABINE DRIVE	3.2 NAME	
STREET ADDRESS	PENSACOLA, BEACH FL 32561	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	SD JOHN BARRETT	4.1 TITLE	
NAME	25 CALLE TRAVIKSTA	4.2 NAME	
STREET ADDRESS	PENSACOLA BEACH, FL 32561	4.3 STREET ADDRESS	
CITY-ST-ZIP		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 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.		400002156454 -04/28/97--01034--057 ***61.25	
SIGNATURE: RAY O'KEEFE		3-30-97 904-438-1178	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

CR2E037 (9/96)