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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

FILED

Jan 29 1998 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998

DOCUMENT #

737741

(9)

PENSACOLA BEACH LEASEHOLDERS AND RESIDENTS ASSOCIATION INC.

IATION, INC. Mailing Address Principal Place of Business PO BOX 341 PO BOX 341 3. Date Incorporated or Qualified **GULF BREEZE FL 32562 GULF BREEZE FL 32562** 01/05/1977 4. FEI Number Applied For 59-1714109 Not Applicable 2. Principal Place of Business 2a. Mailing Address \$8.75 Additional 5. Certificate of Status Desired 26 Fee Required Suite, Apt. #, etc. Suite, Apt. #, etc. 6. Election Campaign Financing \$5.00 May Be 27 Trust Fund Contribution 22 Added to Fees City & State City & State 7. Is this nonprofit corporation a homeowners association? 23 28 Yes X No Zip Country Country 8. This corporation owes or has paid the current year Intangible 30 X No ☐ Yes 24 25 29 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent DONALD AYERS O'KEEFE, RAYMOND Street Address (P.O. Box Number is Not Acceptable 82 10 SEASHORE DRIVE PENSACOLA BEACH FL 32561 83 85 Zip Code 3256/ City DENSALOLA BCH FL of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered for both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered and accept the obligations of Section 617.0503, Florida Statutes. Pursuant to the provision office or registered agent agent. I am familiar with 1@*LO* SIGNATURE 12. OFFICERS AND DIRECTORS 13, ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE X Change Addition TITLE 1.1 TITLE AYERS, DONALD NAME LAKINS, KEVIN 1.2 NAME 900 FT PICKENSED HOLL 100 ARIOLA DRIVE STREET ADDRESS 1.3 STREET ADDRESS PENSACOLA BEACH FL DENSACOLA BCH FL 32561 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE ۷D 2.1 TITLE VΔ BARRETT, JOHN O'KEEFE, RAYMOND NAME 2.2 NAME 5 CALLE TRAVIESA STREET ADDRESS 10 SEASHORE DRIVE 2.3 STREET ADDRESS PENSACOLA BOH PL 32561 PENSACOLA BEACH FL 2. 4 CITY - ST-ZIP CITY-ST-ZIP DELETE 3.1 TITLE **S** Change WAX, GARY GYGI, SHEILA 3.2 NAME 1726 BULEVAR MAYOR #3 SABINE DRIVE STREET ADDRESS 3.3 STREET ADDRESS PENSACOLA BOH PL 32561 PENSACOLA FL CITY-ST-ZIP 3.4, CITY-ST-ZIP ☐ DELETE TITLE CRITTENDEN, KIMBERLY 1209 ARIOLA DR BARRETT, JOHN 4.2 NAME NAME 25 CALLETRAVIESTA STREET ADORESS 4.3 STREET ADDRESS PENSACOLA BEACH FL PENSACOLA BOH FL CITY-ST-ZIP 4.4 CITY - ST-ZIP

14. Thereby 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 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 an attachment with an address.

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

5.3 STREET ADDRESS 5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

DELETE

DELETE

SIGNATURE:

TITLE

NAME

NAME

STREET ADDRESS

STREET ADORESS

CITY-ST-ZIF

JUNEANO TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR N. WAX JAW 14 1998 (850) 91.

CR2E037 (10/97)

___ Change

Addition

Addition