

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Feb 27, 1999 8:00 am
Secretary of State

02-27-1999 90010 007 ****61.25

DOCUMENT # 737741

1. Corporation Name

PENSACOLA BEACH LEASEHOLDERS AND RESIDENTS ASSOC
IATION, INC.

Principal Place of Business

PO BOX 341
GULF BREEZE FL 32562
US

Mailing Address

PO BOX 341
GULF BREEZE FL 32562
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

01/05/1977

4. FEI Number

59-1714109

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

AYERS, DONALD
900 FT PICKENS RD
#611
PENSACOLA BEACH FL 32561

10. Name and Address of New Registered Agent

81 Name GARY N. WAX
82 Street Address (P.O. Box Number is Not Acceptable)
1726 BULEVAR MAYOR
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 GARY N. WAX GARY N. WAX

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

2/1/99

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME AYERS, DONALD
STREET ADDRESS 900 FT PICKENS RD, #611
CITY-ST-ZIP PENSACOLA BEACH FL 32561

TITLE VD
NAME BARRETT, JOHN
STREET ADDRESS 5 CALLE TRAVIESA
CITY-ST-ZIP PENSACOLA BEACH FL 32561

TITLE TD
NAME WAX, GARY
STREET ADDRESS 1726 BULEVAR MAYOR
CITY-ST-ZIP PENSACOLA BEACH FL 32561

TITLE SD
NAME CRITTENDEN, KIMBERLY
STREET ADDRESS 1209 ARIOLA DR
CITY-ST-ZIP PENSACOLA BEACH FL 32561

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD
1.2 NAME BARRET, JOHN
1.3 STREET ADDRESS 5 CALLE TRAVIESA
1.4 CITY-ST-ZIP PENSACOLA BEACH FL 32561

2.1 TITLE KUTINA, JEAN VD
2.2 NAME
2.3 STREET ADDRESS 1299 FT PICKENS RD #35
2.4 CITY-ST-ZIP PENSACOLA BEACH FL 32561

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

4.1 TITLE SD
4.2 NAME SHELTON, KATHLEEN
4.3 STREET ADDRESS 903 ARIOLA DR
4.4 CITY-ST-ZIP PENSACOLA BEACH, FL 32561

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 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:

GARY N. WAX
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/1/99

Date

(800) 916-4438

Daytime Phone #

CR2E037 (11/98)

0079547