

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 751664 (4)

1. Corporation Name

SUNTREK OWNERS ASSOCIATION, INC.

Principal Place of Business

C/O LES W. BURKE
303 MAGNOLIA AVE
PANAMA CITY FL 32401-3124

Mailing Address

C/O LES W. BURKE
303 MAGNOLIA AVE
PANAMA CITY FL 32401-3124

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SECRETARY OF STATE



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
03/21/1980

3a. Date of Last Report
02/21/1995

4. FEI Number

NOT APPLICABLE

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

8. This corporation has liability for intangible tax under s. 199.02,
Florida Statutes

☐

Yes

☐

No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BURKE, LES W.
221 MCKENZIE AVE.
PANAMA CITY FL 32401

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. ADDITIONAL OFFICERS, DIRECTORS, AND DIRECTORS

TITLE PD
NAME GROVES, IRA
STREET ADDRESS 6805 GULF DR. P.O. Box 1782
CITY-ST-ZIP PANAMA CITY BCH FL Panama City, FL 32402

TITLE SD
NAME EVANS, WILLIAM R.
STREET ADDRESS BOX 496, NA
CITY-ST-ZIP YANBU, SAUDI ARABIA

TITLE SD
NAME BLALOCK, JR., M.D., JACK H.
STREET ADDRESS 2300 MANCHESTER EXPRESS
CITY-ST-ZIP COLUMBUS GA 31904

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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

Owner Unit 2
Don Wilder Trustee
3964 Palomar Blvd.
Lexington, Kentucky 40513

Owner Unit 1
Gerald Wilder Trustee
2186 Coachman Drive
Germantown, Tenn. 38138

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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: *Ira Groves*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

President. 4-19-96 904-769-9966

Date

Daytime Phone

CR2E037 (12/95)