


FILE NOW: FILING FEE IS \$61.25

FILED

Mar 24 1998 8:00am
Secretary of State

| | | |
|---|---|---|
| NONPROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|---|---|---|

DOCUMENT # **757677** (0)
1. Corporation Name
SURF 'N' SAND OWNERS ASSOCIATION, INC.

| | |
|---|---|
| Principal Place of Business 7816 SURF DRIVE PANAMA CITY BCH. FL 32408 | Mailing Address 7816 SURF DRIVE PANAMA CITY BCH. FL 32408 |
|---|---|

3. Date Incorporated or Qualified
04/22/1981

| | | |
|------------------------------------|---|--|
| 4. FEI Number 59-2930851 | Applied For <input type="checkbox"/> | Not Applicable <input type="checkbox"/> |
|------------------------------------|---|--|

| | |
|---|----------------------------------|
| 2. Principal Place of Business 21 | 2a. Mailing Address 26 |
| Suite, Apt. #, etc. 22 | Suite, Apt. #, etc. 27 |
| City & State 23 | City & State 28 |
| Zip 24 | Country 25 |
| Zip 29 | Country 30 |

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**
7. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ALDRIDGE, MARIE
5400 HILLTOP AVE.
PANAMA CITY BCH. 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

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

(NOTE: Registered Agent signature required when reappointing)

DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|---|---|--|
| TITLE | D <input checked="" type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | HINOTE, PHILIP | 1.2 NAME | John E. White |
| STREET ADDRESS | 132 SANDOLLAR DR. | 1.3 STREET ADDRESS | 7530 Bridgegate Ct. |
| CITY-ST-ZIP | PANAMA CITY BCH. FL | 1.4 CITY-ST-ZIP | Dunwoody, Ga 30338 |
| TITLE | D <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | COSTLEY, GORDON | 2.2 NAME | |
| STREET ADDRESS | 15325 FRONT BCH RD | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | PANAMA CITY BCH FL 32408 | 2.4 CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | SHELNUTT, PAT | 3.2 NAME | |
| STREET ADDRESS | 1909-7 ST. W.E. | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | BIRMINGHAM AL | 3.4 CITY-ST-ZIP | |
| TITLE | ST <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | HINOTE, PEGGY | 4.2 NAME | |
| STREET ADDRESS | 132 SAN DOLLAR DR. | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | PANAMA CITY BCH. AL | 4.4 CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | SLADE, MARK | 5.2 NAME | |
| STREET ADDRESS | 100 W. CHRISTOPHER RUN | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | ALPHARETTA GA | 5.4 CITY-ST-ZIP | |
| TITLE | P <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | ROUBEN, H.P. | 6.2 NAME | |
| STREET ADDRESS | 222 SUNSET HILLS DR | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | WORCROSS GA | 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.

SIGNATURE: *Peggy Hinote* **PEGGY HINOTE** 3/17/98 850-234-6767

CP2E037 (10/97)