

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 06, 2005 8:00 am
Secretary of State

09-06-2005 90132 030 ****61.25

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DOCUMENT # 760121 1. Entity Name OCEAN TERRACE CONDOMINIUM ASSOCIATION, INC., OF PANAMA CITY					
Principal Place of Business 8621 SURF DRIVE PANAMA CITY BEACH, FL 32408-4718			Mailing Address 8621 SURF DRIVE PANAMA CITY BEACH, FL 32408-4718 US		
2. Principal Place of Business		3. Mailing Address c/o STEVE CANNON			
Suite, Apt. #, etc.		Suite, Apt. #, etc. 3483 HUTCHENSON FY RD			
City & State		City & State WHITESBURG GA			
Zip	Country	Zip 30185	Country USA		
6. Name and Address of Current Registered Agent ZWICKEL, WALDO 2813 LONGLEAF ROAD PANAMA CITY, FL 32407			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P ZWICKEL, WALDO 2813 LONGLEAF RD. PANAMA CITY, FL <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	V CANNON, SCOTT 8010 JOHNSON RD PALMETTO GA 30268 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V CANNON, GARFIELD 229 COBB STREET PALMETTO, GA 30268 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	T CANNON, STEVE 3483 HUTCHENSON FY RD WHITESBURG GA 30185 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST CANNON, KEREN 4336 IVY GLEN COURT SMYRNA, GA 30082 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	S CANNON, KAREN 8010 JOHNSON RD. PALMETTO GA. 30268 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D RAINEY, LYNN 301 EAST SECOND STREET PANAMA CITY, FL 32401 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CANNON, DON 379 BEXTON RD MORELAND GA 30259 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CANNON, STANLEY 502 PARK ST PALMETTO, GA 30268 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	D WALDON, RAMONA 560 IRON HILL ROAD TAYLORSVILLE, GA 30178 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D LINDSEY, JEFF 1409 14TH STREET PLEASANT GROVE, AL 35127 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>Steven D. Cannon</u> STEVEN D CANNON TREAS. 9-1-05 770463-0504 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					