

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2006 08:00 AM
Secretary of State

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
**C/O STEVE CANNON
3483 HUTCHENSON FX RD
WHITESBURG, GA 30185 US**

DO NOT WRITE IN THIS SPACE



04182006 No Chg-NP CR2E037 (11/05)

4. FEI Number **59-2190319** Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**ZWICKEL, WALDO
2813 LONGLEAF ROAD
PANAMA CITY, FL 32407**

**DO NOT WRITE
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	ZWICKEL, WALDO
STREET ADDRESS	2813 LONGLEAF RD.
CITY - ST - ZIP	PANAMA CITY, FL
TITLE	V
NAME	CANNON, SCOTT
STREET ADDRESS	8010 JOHNSON RD
CITY - ST - ZIP	PALMETTO, GA 30268
TITLE	S
NAME	CANNON, KEREN
STREET ADDRESS	8010 JOHNSON RD
CITY - ST - ZIP	PALMETTO, GA 30268
TITLE	D
NAME	CANNON, DON
STREET ADDRESS	379 BEXTON RD
CITY - ST - ZIP	MORELAND, GA 30259
TITLE	D
NAME	WALDON, RAMONA
STREET ADDRESS	560 IRON HILL ROAD
CITY - ST - ZIP	TAYLORSVILLE, GA 30178
TITLE	D
NAME	LINDSEY, JEFF
STREET ADDRESS	1409 14TH STREET
CITY - ST - ZIP	PLEASANT GROVE, AL 35127

000000524708
05/04/06-80001-006 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *Steve Cannon*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Treasurer

4-18-06

Date

770-463-0504

Daytime Phone #