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Secretary of State

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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



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

DOCUMENT # 761780

1. Corporation Name

BONITA BEACH OWNERS ASSOCIATION, INC.

Principal Place of Business
1011 GRACE AVENUE
PANAMA CITY FL 32401

Mailing Address
1011 GRACE AVENUE
PANAMA CITY FL 32401



| | | | | | |
|--------------------------------|--|------------------------|--|--|--|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified | |
| 21 Suite, Apt. #, etc. | | 26 Suite, Apt. #, etc. | | 02/03/1982 | |
| 22 City & State | | 27 City & State | | 4. FEI Number | |
| 23 Zip | | 28 Zip | | 59-2222825 | |
| Country | | Country | | Applied For | |
| 24 | | 30 | | Not Applicable | |
| | | | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| | | | | 6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees | |

9. Name and Address of Current Registered Agent

BRANCH, JOHNNY
1011 GRACE AVENUE
PANAMA CITY FL 32401

10. Name and Address of New Registered Agent

| |
|---|
| 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. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|--------------------------|---|---|
| TITLE | VPD | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | HODGE, BOB | 1.2 NAME | |
| STREET ADDRESS | 3901 ROSWELL ROAD STE200 | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | MARIETTA GA | 1.4 CITY-ST-ZIP | |
| TITLE | P | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | RILEY, RICK | 2.2 NAME | |
| STREET ADDRESS | 3119 SECOND STREET | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | MARIANNA FL 32446 | 2.4 CITY-ST-ZIP | |
| TITLE | STD | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | O'BRIEN, VIRGINIA | 3.2 NAME | |
| STREET ADDRESS | 994 BRAMWELL LANE | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | STONE MOUNTAIN GA | 3.4 CITY-ST-ZIP | |
| TITLE | D | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BRANCH, JOHNNY | 4.2 NAME | |
| STREET ADDRESS | 1011 GRACE AVENUE | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | PANAMA CITY FL | 4.4 CITY-ST-ZIP | |
| TITLE | | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 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 in an attachment with an address, with all other like empowered.

SIGNATURE:

Johnny Branch
DIRECTOR

1/15/99

850-763-8583

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)