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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



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

**FILED**  
**May 10, 1999 8:00 am**  
**Secretary of State**

05-10-1999 90141 037 \*\*\*\*61.25

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**DOCUMENT # 763425**

1. Corporation Name

**AMBASSADOR BEACH OWNERS ASSOCIATION, INC.**

Principal Place of Business

15617 FRONT BCH RD  
PANAMA CITY BEACH FL 32413

Mailing Address

15617 FRONT BCH RD  
PANAMA CITY BEACH FL 32413



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip 29 Country

3. Date Incorporated or Qualified

05/25/1982

4. FEI Number

59-2251052

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

9. Name and Address of Current Registered Agent

HOWELL, S L  
309 WAUKESHA STREET  
BONIFAY FL 32425

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, print or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE  
NAME TT  
STREET ADDRESS HOWELL, SEABORO  
CITY-ST-ZIP 309 WAUKESHA STREET  
BONIFAY FL 32425

TITLE ☐ DELETE  
NAME D  
STREET ADDRESS COY, PIERCE  
CITY-ST-ZIP 221 SYCAMORE STREET  
ELIZABETHTOWN KY

TITLE ☐ DELETE  
NAME D  
STREET ADDRESS DODSON, ED  
CITY-ST-ZIP 1408 JACQUELINE DRIVE  
COLUMBO GA 31907

TITLE ☐ DELETE  
NAME P  
STREET ADDRESS FLOYD, JAMES  
CITY-ST-ZIP 3246 MONTGOMERY HWY  
DOTHAN AL

TITLE ☐ DELETE  
NAME VP  
STREET ADDRESS GUNN, BETTY  
CITY-ST-ZIP 801 HILLFLO AVENUE  
OPELIKA AL

TITLE ☒ DELETE  
NAME D  
STREET ADDRESS DAVIS, CHUCK  
CITY-ST-ZIP 607 E MAIN STREET  
CHATTANOOGA TN

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☒ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

D  
FESSIE HOWARD  
151 PENN LANE  
SPRINGVILLE AL 35146

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, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)