5/2

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 04, 2002 8:00 am
Secretary of State

05-28-2002 91647 010 ****61.25

37661

DO NOT WRITE IN THIS SPACE

DOCUMENT # 763425

1. Entity Name

AMBASSADOR BEACH OWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
15617 FRONT BCH RD PANAMA CITY BEACH FL 32413	15617 FRONT BCH RD PANAMA CITY BEACH FL 32413

2. Principal Place of Business	3. Mailing Address
Ambassador Beach Suite, Apt. #, etc.	15617 Front Bch Rd. Suite, Apt. #, etc.
City & State: Panama City Beach, Fl.	City & State: Panama City Beach Fl.
Zip: 32413 Country: BAY	Zip: 32413 Country: BAY

4. FEI Number: 59-2251052 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
HOWELL, S L 309 WAUKESHA STREET BONIFAY FL 32425	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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.

SIGNATURE: [signature] 4/9/02

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	TT ☐ Delete	TITLE	VP ☑ Change ☐ Addition
NAME	HOWELL, SEABORO	NAME	Howell Seabord D
STREET ADDRESS	309 WAUKESHA STREET	STREET ADDRESS	309 Waukesha Street
CITY-ST-ZIP	BONIFAY FL 32425	CITY-ST-ZIP	Bonifay, Fl. 32425
TITLE	D ☐ Delete	TITLE	D ☑ Change ☐ Addition
NAME	COY, PIERCE	NAME	Coy, Pierce D
STREET ADDRESS	221 SYCAMORE STREET	STREET ADDRESS	221 Sycamore Street
CITY-ST-ZIP	ELIZABETHTOWN KY	CITY-ST-ZIP	Elizabethtown, KY
TITLE	D ☐ Delete	TITLE	S ☑ Change ☐ Addition
NAME	BONTS, LORNA	NAME	Bonds, Lorna D
STREET ADDRESS	6310 E WATTERSON TRAIL	STREET ADDRESS	4301 E. Waterson Trail
CITY-ST-ZIP	LOUISVILLE KY	CITY-ST-ZIP	Louisville, Ky
TITLE	P ☐ Delete	TITLE	P ☐ Change ☐ Addition
NAME	FLOYD, JAMES	NAME	Floyd, James D
STREET ADDRESS	3246 MONTGOMERY HWY	STREET ADDRESS	3424 Montgomery Hwy.
CITY-ST-ZIP	DOTHAN AL	CITY-ST-ZIP	Dothan, Al.
TITLE	VP ☐ Delete	TITLE	T ☑ Change ☐ Addition
NAME	GUNN, BETTY	NAME	Gunn, Betty D
STREET ADDRESS	801 HILLFLO AVENUE	STREET ADDRESS	6812 South Lagoon Dr.
CITY-ST-ZIP	OPELIKA AL	CITY-ST-ZIP	Panama City Beach, Fl.
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E037 (9/01)

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: [signature] 4/9/02 234-2112

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #