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Feb 24, 1999 8:00 am
Secretary of State

02-24-1999 90155 002 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 763970

1. Corporation Name
INLET BEACH HEIGHTS PROPERTY OWNERS ASSOCIATION, INC.

Principal Place of Business 222 GULFVIEW DRIVE PANAMA CITY BEACH FL 32413 US	Mailing Address 222 GULFVIEW DRIVE PANAMA CITY BEACH FL 32413 US
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2. Principal Place of Business 21 214 GULFVIEW DR. Suite, Apt. #, etc. 22 PANAMA CITY BEACH, FL City & State 23 32413 U.S. Zip Country	2a. Mailing Address 26 214 GULFVIEW DR. Suite, Apt. #, etc. 27 PANAMA CITY BEACH, FL City & State 28 32413 U.S. Zip Country	3. Date Incorporated or Qualified 06/30/1982	4. FEI Number NOT APPLICABLE Applied For Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
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9. Name and Address of Current Registered Agent WALSH, ROBERT E 222 GULFVIEW DR PANAMA CITY FL 32413	10. Name and Address of New Registered Agent 81 Name TWAY, BESSIE M. 82 Street Address (P.O. Box Number is Not Acceptable) 214 GULFVIEW DR. 83 PANAMA CITY BEACH 84 City 85 Zip Code FL 32413
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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 Bessie M. Tway DATE 2/15/99
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD <input checked="" type="checkbox"/> DELETE	NAME WALSH, ROBERT E	1.1 TITLE PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME TWAY, BESSIE M.
STREET ADDRESS 222 GULFVIEW DR	CITY-ST-ZIP PANAMA CITY FL	1.2 NAME TWAY, BESSIE M.	1.3 STREET ADDRESS 214 GULFVIEW DR.
TITLE VD <input checked="" type="checkbox"/> DELETE	NAME TWAY, BESS	1.4 CITY-ST-ZIP PANAMA CITY BEACH, FL	
STREET ADDRESS 226 GLENWOOD AVENUE	CITY-ST-ZIP TROY AL	2.1 TITLE VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME TWAY, SCOT M.
TITLE STD <input checked="" type="checkbox"/> DELETE	NAME BURKE, JOHN M. SR.	2.2 NAME TWAY, SCOT M.	2.3 STREET ADDRESS 851 STAGE RD.
STREET ADDRESS 36 GULFVIEW DRIVE	CITY-ST-ZIP PANAMA CITY BEACH FL 32413	2.4 CITY-ST-ZIP AUBURN, AL 36830	
TITLE <input type="checkbox"/> DELETE	NAME	3.1 TITLE STD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME OKTZ, JEAN
STREET ADDRESS	CITY-ST-ZIP	3.2 NAME OKTZ, JEAN	3.3 STREET ADDRESS 609 INLET VIEW LAWE
TITLE <input type="checkbox"/> DELETE	NAME	3.4 CITY-ST-ZIP PANAMA CITY BEACH, FL 32413	
STREET ADDRESS	CITY-ST-ZIP	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
TITLE <input type="checkbox"/> DELETE	NAME	4.2 NAME	4.3 STREET ADDRESS
STREET ADDRESS	CITY-ST-ZIP	4.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE	NAME	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
STREET ADDRESS	CITY-ST-ZIP	5.2 NAME	5.3 STREET ADDRESS
TITLE <input type="checkbox"/> DELETE	NAME	5.4 CITY-ST-ZIP	
STREET ADDRESS	CITY-ST-ZIP	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
TITLE <input type="checkbox"/> DELETE	NAME	6.2 NAME	6.3 STREET ADDRESS
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 on an attachment with an address, with all other like empowered.

SIGNATURE: Bessie M. Tway SIGNATURE REQUIRED: BESSIE M. TWAY DATE: 2/15/99
Signature and typed or printed name of signing officer or director

850-234-0571
 334-566-5594
Daytime Phone #

CR2E037 (11/98)