



2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 31, 2006 8:00 am
Secretary of State

05-31-2006 90009 013 ****61.25

DOCUMENT # 764128					
1. Entity Name PANAMA CITY RESORT & CLUB CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 16709 FRONT BEACH RD. PANAMA CITY, FL 32413		Mailing Address P O BOX 540669 MERRITT ISLAND, FL 32954-0669		<p style="text-align: right; font-size: 24pt;">50020038</p> 	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		05242006 Chg-NP CR2E037 (4/06)	
Zip		Country		4. FEI Number 59-2258118	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
NEWMAN, RAYMOND F JR. 348 MIRACLE STRIP PKWY STE 7 FORT WALTON BEACH, FL 32548				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. 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 September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	VP	<input type="checkbox"/> Delete	TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAXWELL, GREG		NAME	Maxwell Greg	
STREET ADDRESS	16709 FRONT BEACH RD		STREET ADDRESS	16709 Front Beach Rd	
CITY-ST-ZIP	PANAMA CITY, FL 32413		CITY-ST-ZIP	Panama City FL 32413	
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FLECK, TERRY		NAME		
STREET ADDRESS	16709 FRONT BEACH RD		STREET ADDRESS		
CITY-ST-ZIP	PANAMA CITY, FL 32413		CITY-ST-ZIP		
TITLE	P	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCGRUDER, MARK		NAME		
STREET ADDRESS	16709 FRONT BEACH RD		STREET ADDRESS		
CITY-ST-ZIP	PANAMA CITY, FL 32413		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CULPEPPER, MARY		NAME	Cul Pepper, Mary	
STREET ADDRESS	16709 FRONT BEACH RD		STREET ADDRESS	16709 Front Beach Rd	
CITY-ST-ZIP	PANAMA CITY, FL 32413		CITY-ST-ZIP	Panama City FL 32413	
TITLE	ST	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, JAMES		NAME		
STREET ADDRESS	16709 FRONT BEACH RD		STREET ADDRESS		
CITY-ST-ZIP	PANAMA CITY, FL 32413		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEPHENSON, JOHN		NAME		
STREET ADDRESS	16709 FRONT BEACH RD.		STREET ADDRESS		
CITY-ST-ZIP	PANAMA CITY BEACH, FL 32413		CITY-ST-ZIP		
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: <i>Greg Maxwell</i>		5-23-06		850-235-2002	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	