

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 12, 2007 8:00 am
Secretary of State

04-30-2007 90839 032 ****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**

66018811



03282007 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 59-2258118		Applied For <input type="checkbox"/> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$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	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAXWELL, GREG	NAME	
STREET ADDRESS	16709 FRONT BEACH RD	STREET ADDRESS	
CITY - ST - ZIP	PANAMA CITY BEACH, FL 32413	CITY - ST - ZIP	
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	VP <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CULPEPPER, MARY	NAME	D CULPEPPER, MARY
STREET ADDRESS	16709 FRONT BEACH RD	STREET ADDRESS	16709 FRONT BCH RD
CITY - ST - ZIP	PANAMA CITY BEACH, FL 32413	CITY - ST - ZIP	PANAMA CITY BCH, 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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEPHENSON, JOHN	NAME	VP STEPHENSON, J. CHARLIE
STREET ADDRESS	16709 FRONT BEACH RD.	STREET ADDRESS	16709 FRONT BCH RD
CITY - ST - ZIP	PANAMA CITY BEACH, FL 32413	CITY - ST - ZIP	PANAMA CITY BCH, FL 32413
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		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: *James J. Smith* (JAMES J. SMITH) 5-27-07 (256) 442-3360
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #