


FILE NOW: FILING FEE IS \$61.25

FILED

Apr 01 1998 8:00am
Secretary of State

| | | |
|--|---|---|
| NONPROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|--|---|---|

DOCUMENT # **766758** (7)

1. Corporation Name

**COLONIAL SHORES CONDOMINIUM ASSOCIATION OF PANAM
A CITY BEACH, INC.**

Principal Place of Business

Mailing Address

**PANAMA CITY BEACH, INC.
8512 SURF DR. / % THOMAS N. EHLKE
PANAMA CITY BEACH FL 32407**

**PANAMA CITY BEACH, INC.
8512 SURF DR. / % THOMAS N. EHLKE
PANAMA CITY BEACH FL 32407**

3. Date Incorporated or Qualified

01/28/1983

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**EHLKE, THOMAS N.
7711 SURF DR.
PANAMA CITY BEACH FL 32407**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD** ☒ DELETE
NAME **HACKLEY, THOMAS J.**
STREET ADDRESS **5250 ARRIE WAY**
CITY-ST-ZIP **DORAVILLE GA**

1.1 TITLE **PD** ☒ Change ☐ Addition
1.2 NAME **Zwickel, Waldo H.**
1.3 STREET ADDRESS **2813 Longleaf Road**
1.4 CITY-ST-ZIP **Panama City, Fla. 32405**

TITLE **STD** ☒ DELETE
NAME **ZWICKEL, WALDO H.**
STREET ADDRESS **2813 LONGLEAF ROAD**
CITY-ST-ZIP **PANAMA CITY FL**

2.1 TITLE **VD** ☒ Change ☐ Addition
2.2 NAME **Berrueta, Alvaro N.**
2.3 STREET ADDRESS **12791 Brown Bridge Road**
2.4 CITY-ST-ZIP **Covington, Ga. 30016**

TITLE **VD** ☒ DELETE
NAME **GRINER, SCOTT K**
STREET ADDRESS **2250 FRAIRS GATE DR**
CITY-ST-ZIP **LAWRENCEVILLE GA**

3.1 TITLE **STD** ☒ Change ☐ Addition
3.2 NAME **Villoch, Alfredo**
3.3 STREET ADDRESS **3401 Lori Lane**
3.4 CITY-ST-ZIP **Atlanta, Ga. 30340**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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.

SIGNATURE:

Waldo H. Zwickel

3-23-98 850-785-2267

CR2E037 (10/97)