# 2000 UNIFORM BUSINESS REPORT (UBR)

2/7/00-90055-037-$61.25-$61.25

DOCUMENT # 766758

1. Entity Name

COLONIAL SHORES CONDOMINIUM ASSOCIATION OF PANAM

FILED

00 MAR 21 AM 10:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

| Principal Place of Business | Mailing Address |
|---|---|
| PANAMA CITY BEACH, INC.<br>8512 SURF DR. / % THOMAS N. EHLKE<br>PANAMA CITY BEACH FL 32407 | PANAMA CITY BEACH, INC.<br>8512 SURF DR. / % THOMAS N. EHLKE<br>PANAMA CITY BEACH FL 32408-4717 |

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| PANAMA City BEACH | 8512 SURF DR. |
| Suite, Apt. #, etc.<br>8512 SURF DR | Suite, Apt. #, etc. |
| City & State<br>PANAMA City Beach | City & State<br>PANAMA City Beach FLA |
| Zip 32407 Country BAY | Zip 32407 Country BAY |

4. FEI Number NOT APPLICABLE ☐ 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 |
|---|---|
| EHLKE, THOMAS N.<br>7711 SURF DR.<br>PANAMA CITY BEACH FL 32407 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>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, 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 / NAME / STREET ADDRESS / CITY-ST-ZIP | PD P.D.<br>ZWICKEL, WALDO H<br>2813 LONGLEAF RD<br>PANAMA CITY FL 32405 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VD<br>BERRUETA, ALVARO N<br>12791 BROWN BRIDGE RD<br>COVINGTON GA 30016 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VICE President V.D.<br>Tom EHLKE<br>7711 SURF Dr<br>PANAMA City FL. 32407 ☑ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | STD<br>VILLOCH, ALFREDO<br>3401 LORI LN<br>ATLANTA GA 30340 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | SEC/ TREASURER STD<br>Scott GRINER<br>2250 FRIARS GATE Dr<br>Lawrenceville, GA 30043 ☑ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |

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: Scott Griner SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — 2/1/00 Date — 770 962-9118 Daytime Phone #