2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 766758

1. Entity Name
COLONIAL SHORES CONDOMINIUM ASSOCIATION OF PANAMA CITY BEACH, INC.

FILED
03 JUN 26 PM 3:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
PANAMA CITY BEACH 8512 SURF DR. PANAMA CITY BEACH, FL 32407	PANAMA CITY BEACH 8512 SURF DR. PANAMA CITY BEACH, FL 32407

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number: Applied For ☐ / X 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. 7711 SURF DR. PANAMA CITY BEACH, FL 32407	Name: STEPHANIE Z GEARY Street Address (P.O. Box Number Is Not Acceptable): 7102 BEACHWOOD BLVD City: PANAMA CITY BEACH FL Zip Code: 32407

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: Stephanie Z Geary — 6-18-03
Signature, typed or printed name of registered agent, and title if applicable (NOTE: Registered Agent's 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 Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: PD NAME: VILLOCH, ALFREDO STREET ADDRESS: 3401 LORI LN CITY-ST-ZIP: ATLANTA, GA 30340	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 700021081357 06/23/03--01067--008 **61.25
TITLE: VD NAME: BERRUETA, ALVARO STREET ADDRESS: 1155 MASTERS LN CITY-ST-ZIP: SNELLVILLE, GA 30078	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE: STD NAME: BURNETT, CLAUDIA STREET ADDRESS: 12791 BROWN BRIDGE RD CITY-ST-ZIP: COVINGTON, GA 30016	☒ Delete	TITLE: STD NAME: RANDY ELLISON STREET ADDRESS: PO BOX 5867 CITY-ST-ZIP: COLUMBUS GA 31906	☒ 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

CR2EC37 (10/02)

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: Randy Ellison — RANDY ELLISON — 6-18-03 — 706 323 4388
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #