

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # 767830 (3)**

1. Corporation Name

**SAND CASTLES OF PANAMA CITY BEACH OWNERS ASSOCIATION, INC.**

Principal Place of Business

**4119 ORIOLE DR  
PANAMA CITY BEACH FL 32408  
US**

Mailing Address

**2262 PINE NEEDLES CIR  
PENSACOLA FL 32514  
US**

3. Date Incorporated or Qualified  
**04/06/1983**

3a. Date of Last Report  
**04/19/1995**

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

**59-2430928**

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution

☐

**\$5.00 May Be  
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**REICHART, WILLIAM J  
2262 PINE NEEDLES CIR  
PENSACOLA FL 32514**

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 re-appointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE **STD** ☐ DELETE

NAME **REICHART, WILLIAM J**  
STREET ADDRESS **2262 PINE NEEDLES CIR**  
CITY-ST-ZIP **PENSACOLA FL**

TITLE **VD** ☐ DELETE

NAME **BROWN, DAVID**  
STREET ADDRESS **4655 BAYWOOD DR**  
CITY-ST-ZIP **LYNN HAVEN FL**

TITLE **PD** ☐ DELETE

NAME **SWAIN, WILLIAM**  
STREET ADDRESS **2573 LESLIE CIR**  
CITY-ST-ZIP **ATLANTA GA**

TITLE **D** ☐ DELETE

NAME **GALLO, CINDY**  
STREET ADDRESS **146 CURTIS CIRCLE**  
CITY-ST-ZIP **DALEVILLE AL**

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

**D**

☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

**S/D**

☒ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

**V/D David Parramore  
Route 1, Box 2174  
Chattahoochee, FL 32324**

☐ Change ☒ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *William J Reichart* Secretary/Treasurer

4-15-96 (904) 477-6263

CR2E037 (12/95)