

FILE NOW: FILING FEE IS \$61.25

FILED  
May 14 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **767830** (3)

1. Corporation Name

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



Principal Place of Business <b>4119 ORIOLE DR PANAMA CITY BEACH FL 32408 US</b>	Mailing Address <b>2262 PINE NEEDLES CIR PENSACOLA FL 32514-5632 US</b>
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3. Date Incorporated or Qualified <b>04/06/1983</b>	3a. Date of Last Report <b>04/18/1996</b>
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2. Principal Place of Business <b>21</b> Suite, Apt. #, etc. <b>22</b> City & State <b>23</b> Zip <b>24</b> Country	2a. Mailing Address <b>26</b> Suite, Apt. #, etc. <b>27</b> City & State <b>28</b> Zip <b>29</b> Country
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4. FEI Number <b>59-2430928</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>REICHART, WILLIAM J 2262 PINE NEEDLES CIR PENSACOLA FL 32514</b>	
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10. Name and Address of New Registered Agent <b>81</b> Name <b>JERRY PAYNE</b> <b>82</b> Street Address (P.O. Box Number is Not Acceptable) <b>21603 SUNSET AVE</b> <b>83</b> City <b>PANAMA CITY BEACH FL</b> <b>85</b> Zip Code <b>32413</b>	
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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 *Jerry Payne* (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS	
TITLE	<b>STD</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>REICHART, WILLIAM J</b>
STREET ADDRESS	<b>2262 PINE NEEDLES CIR</b>
CITY-ST-ZIP	<b>PENSACOLA FL</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>BROWN, DAVID</b>
STREET ADDRESS	<b>4655 BAYWOOD DR</b>
CITY-ST-ZIP	<b>LYNN HAVEN FL</b>
TITLE	<b>PD</b> <input type="checkbox"/> DELETE
NAME	<b>SWAIN, WILLIAM</b>
STREET ADDRESS	<b>2573 LESLIE CIR</b>
CITY-ST-ZIP	<b>ATLANTA GA</b>
TITLE	<b>SD</b> <input type="checkbox"/> DELETE
NAME	<b>GALLO, CINDY</b>
STREET ADDRESS	<b>146 CURTIS CIRCLE</b>
CITY-ST-ZIP	<b>DALEVILLE AL</b>
TITLE	<b>VD</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>PARRAMORE, DAVID</b>
STREET ADDRESS	<b>RT 1 BOX 2174</b>
CITY-ST-ZIP	<b>CHATTACHOOCHIEE FL</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>STD</b>
1.3 STREET ADDRESS	<b>Jerry Payne</b>
1.4 CITY-ST-ZIP	<b>21603 SUNSET AVE</b>
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	<b>PANAMA CITY BEACH FL 32413</b>
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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.

CR2E037 (9/96)