

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 18 1998 8:00am  
Secretary of State

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

DOCUMENT # **767830** (3)

1. Corporation Name

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

Principal Place of Business

Mailing Address

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

**21603 SUNSET AVE.  
PANAMA CITY BEACH FL 32413  
US**



3. Date Incorporated or Qualified

**04/06/1983**

4. FEI Number

**59-2430928**

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing

☐

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

7. Is this nonprofit corporation a homeowners association?

☒ Yes

☐ No

8. This corporation owes or has paid the current year intangible  
Personal Property Tax due June 30.

☐ Yes

☒ No

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**PAYNE, JERRY  
21603 SUNSET AVE.  
PANAMA CITY BEACH FL 32413**

**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 date if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **STD** ☐ DELETE  
NAME **PAYNE, JERRY**  
STREET ADDRESS **21603 SUNSET AVE.**  
CITY-ST-ZIP **PANAMA CITY BEACH FL**

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

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

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

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

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

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

4.1 TITLE ☐ Change ☒ Addition  
4.2 NAME **ED GALLO, JOSEPH**  
4.3 STREET ADDRESS **146 Curtis Cir**  
4.4 CITY-ST-ZIP **DALEVILLE, AL**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE ☐ Change ☒ Addition  
5.2 NAME **ED MOORE, ROBERT K**  
5.3 STREET ADDRESS **7609 CHADWELL RD SW**  
5.4 CITY-ST-ZIP **HUNTSVILLE, AL**

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:

*Jerry Payne*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**FEB 13, 98**

Date

**850.233.9901**

Daytime Phone #

CR2E037 (10/97)