SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $155 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $305)

NONPROFIT CORPORATION ANNUAL REPORT
1995

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

FILED
95 JUL 27 PM 1:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **769670** **(1)**

1. Corporation Name
ST. THOMAS SQUARE MASTER OWNERS ASSOCIATION, INC

Principal Place of Business	Mailing Address
8730 THOMAS DR. PANAMA CITY BEACH FL 32408 US	8730 THOMAS DR. PANAMA CITY BEACH FL 32408 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/29/1983
3a. Date of Last Report: 05/27/1994
4. FEI Number: 59-2353746 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **FILING FEE IS $61.25**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business (21): Suite, Apt. #, etc. (22): City & State (23): Zip (24) Country (25)
2a. Mailing Address (26): Suite, Apt. #, etc. (27): City & State (28): Zip (29) Country (30)

9. Name and Address of Current Registered Agent

BLUE, ROB
221 MCKENZIE AVE..
PANAMA CITY FL 32401

10. Name and Address of New Registered Agent

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	V	11 TITLE		☐ Change ☐ Addition
NAME	SPARKMAN, W.B.	12 NAME		
STREET ADDRESS	P.O. BOX 9300 N/A	13 STREET ADDRESS		
CITY-ST-ZIP	PANAMA CITY BCH. FL 32408	14 CITY-ST-ZIP		
TITLE	PD	21 TITLE	200001560992	☐ Change ☐ Addition
NAME	CLEMENT, RANDY	22 NAME	-08/01/95--01090--008	
STREET ADDRESS	8730 THOMAS DR. #1104 A	23 STREET ADDRESS	***1085.00 ****155.00	
CITY-ST-ZIP	PANAMA CITY BCH. FL 32408	24 CITY-ST-ZIP		
TITLE	ST	31 TITLE		☐ Change ☐ Addition
NAME	SAMSON, ANITA	32 NAME		
STREET ADDRESS	94 KENTUKY AVE.	33 STREET ADDRESS		
CITY-ST-ZIP	LYNN HAVEN FL	34 CITY-ST-ZIP		
TITLE	D	41 TITLE		☐ Change ☐ Addition
NAME	GORDON, JOHN	42 NAME		
STREET ADDRESS	8730 THOMAS DR. #1105	43 STREET ADDRESS		
CITY-ST-ZIP	PANAMA CITY BCH. FL 32408	44 CITY-ST-ZIP		
TITLE	D	51 TITLE	D	☒ Change ☐ Addition
NAME	BARR, JACK	52 NAME	SHIRLEY J. LUTHER	
STREET ADDRESS	1427 SPRUCE AVE.	53 STREET ADDRESS	4012 PATTON EDWARDS DR.	
CITY-ST-ZIP	TALLAHASSEE FL 32303	54 CITY-ST-ZIP	CHATTANOOGA, TN 37412	
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

CR2E037 (3/95)

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)(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: _____ _____ _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0000133