

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

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

3. Date Incorporated or Qualified
07/29/1983

3a. Date of Last Report
07/27/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

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

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

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

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE V ☐ DELETE
NAME SPARKMAN, W.B.
STREET ADDRESS P.O. BOX 9300 N/A
CITY-ST-ZIP PANAMA CITY BCH. FL 32408

1.1 TITLE P ☒ Change ☐ Addition
1.2 NAME DEMETRIOS MAGOULAS
1.3 STREET ADDRESS 3800 BAISDEN RD.
1.4 CITY-ST-ZIP PENSACOLA, FL. 32503

TITLE PD ☐ DELETE
NAME CLEMENT, RANDY
STREET ADDRESS 8730 THOMAS DR. #1104 A
CITY-ST-ZIP PANAMA CITY BCH. FL 32408

2.1 TITLE VP ☒ Change ☐ Addition
2.2 NAME TODD SHIFLETT
2.3 STREET ADDRESS 3764 WESTCHASE DR.
2.4 CITY-ST-ZIP MARIETTA, GA 30066

TITLE ST ☐ DELETE
NAME SAMSON, ANITA
STREET ADDRESS 94 KENTUKY AVE.
CITY-ST-ZIP LYNN HAVEN FL

3.1 TITLE ST ☒ Change ☐ Addition
3.2 NAME CECIL SCARBORO
3.3 STREET ADDRESS 149 CORAL DR.
3.4 CITY-ST-ZIP PANAMA CITY BEACH, FL 32413

TITLE D ☐ DELETE
NAME GORDON, JOHN
STREET ADDRESS 8730 THOMAS DR. #1105
CITY-ST-ZIP PANAMA CITY BCH. FL 32408

4.1 TITLE D ☒ Change ☐ Addition
4.2 NAME WALTER MATEJKA
4.3 STREET ADDRESS 1611 DRAKES DR.
4.4 CITY-ST-ZIP JONESBORO, GA 30236

TITLE D ☐ DELETE
NAME LUTHER, SHIRLEY J
STREET ADDRESS 4012 PATTON EDWARDS DR
CITY-ST-ZIP CHATTANOOGA FL 37412

5.1 TITLE D ☒ Change ☐ Addition
5.2 NAME Tom Hayden
5.3 STREET ADDRESS 8730 Thomas Dr. #512
5.4 CITY-ST-ZIP Panama City Beach, FL 32408

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 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:

Cecil D. Scarboro
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30-96

Date

(904) 769-9471

Daytime Phone #

CR2E037 (12/95)