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FILED

Jun 16 1997 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
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 32408-4766  
US



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

3. Date Incorporated or Qualified  
07/29/1983

3a. Date of Last Report  
05/01/1996

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 P ☒ DELETE  
NAME MAGOULAS, DEMETRIOS  
STREET ADDRESS 3800 BAISDEN RD  
CITY-ST-ZIP PENSACOLA FL

11 TITLE PD ☒ Change ☒ Addition  
12 NAME Shiflett, Todd  
13 STREET ADDRESS 3764 Westchase Dr  
14 CITY-ST-ZIP Marietta, GA 30066

TITLE VP ☐ DELETE  
NAME SHIFLETT, TODD  
STREET ADDRESS 3764 WESTCHASE DR  
CITY-ST-ZIP MARIETTA GA

21 TITLE D ☐ Change ☒ Addition  
22 NAME George, Hal  
23 STREET ADDRESS 5100 N 9th Ave, F601-129  
24 CITY-ST-ZIP Pensacola FL 32504-8735

TITLE ST ☒ DELETE  
NAME SCARBORO, CECIL  
STREET ADDRESS 149 CORAL DR  
CITY-ST-ZIP PANAMA CITY BEACH FL

31 TITLE ☐ Change ☐ Addition  
32 NAME  
33 STREET ADDRESS  
34 CITY-ST-ZIP

TITLE D ☐ DELETE  
NAME MATEJKA, WALTER  
STREET ADDRESS 1811 DRAKES DR  
CITY-ST-ZIP JONESBORO GA

41 TITLE SD ☐ Change ☒ Addition  
42 NAME Elrod, Terri  
43 STREET ADDRESS P.O. Box 765 - N/A  
44 CITY-ST-ZIP Bainbridge GA 31718

TITLE D ☒ DELETE  
NAME HAYDEN, TOM  
STREET ADDRESS 8730 THOMAS DR #512  
CITY-ST-ZIP PANAMA CITY BEACH FL

51 TITLE VPD ☐ Change ☒ Addition  
52 NAME Barr, Jack  
53 STREET ADDRESS 1427 Spruce Ave  
54 CITY-ST-ZIP Tallahassee FL 32303

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition  
62 NAME  
63 STREET ADDRESS  
64 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)