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Apr 29 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 769670 (1)
1. Corporation Name
ST. THOMAS SQUARE MASTER OWNERS ASSOCIATION, INC

Principal Place of Business 8730 THOMAS DR. PANAMA CITY BEACH FL 32408 US	Mailing Address 8730 THOMAS DR. PANAMA CITY BEACH FL 32408 US
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3. Date Incorporated or Qualified
07/29/1983

4. FEI Number 59-2353746	Applied For Not Applicable
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2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	SHIFLETT, TODD	
STREET ADDRESS	3764 WESTCHASE DR	
CITY-ST-ZIP	MARIETTA GA	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	SHIFLETT, TODD	
STREET ADDRESS	3764 WESTCHASE DR	
CITY-ST-ZIP	MARIETTA GA	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	GEORGE, HAL	
STREET ADDRESS	5100 N 9TH AVE, F801-129	
CITY-ST-ZIP	PENSACOLA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MATEJKA, WALTER	
STREET ADDRESS	1611 DRAKES DR	
CITY-ST-ZIP	JONESBORO GA	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	ELROD, TERRI	
STREET ADDRESS	P.O. BOX 765 N/A	
CITY-ST-ZIP	BAINBRIDGE GA	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	BARR, JACK	
STREET ADDRESS	1427 SPRUCE AVE	
CITY-ST-ZIP	TALLAHASSEE FL	

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	KEY, LEROY	
1.3 STREET ADDRESS	1405 Oak Dr	
1.4 CITY-ST-ZIP	Bainbridge GA 31717	
2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	DANIELS, MARION	
2.3 STREET ADDRESS	208 Brookwood Lane	
2.4 CITY-ST-ZIP	Americus GA 31709	
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	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	MATEJKA, WALTER	
4.3 STREET ADDRESS	1611 Drakes Dr	
4.4 CITY-ST-ZIP	Jonesboro GA 30236	
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	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	BARR, JACK	
6.3 STREET ADDRESS	1427 Spruce Ave	
6.4 CITY-ST-ZIP	Tallahassee FL 32303	

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:

[Signature]

4/29/98

CR2E037 (10/97)