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Feb 22, 1999 8:00 am  
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**NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # 769670**

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

07/29/1983

4. FEI Number

59-2353746

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

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 **VPD** ☒ DELETE  
NAME **KEY, LEROY**  
STREET ADDRESS **1405 OAK DR**  
CITY-ST-ZIP **BAINBRIDGE GA 31717**

TITLE **D** ☒ DELETE  
NAME **DANIELS, MARION**  
STREET ADDRESS **208 BROOKWOOD LANE**  
CITY-ST-ZIP **AMERICUS GA 31709**

TITLE **TD** ☒ DELETE  
NAME **MATEJKA, WALTER**  
STREET ADDRESS **1611 DRAKES DR**  
CITY-ST-ZIP **JONESBORO GA 30236**

TITLE **SD** ☒ DELETE  
NAME **ELROD, TERRI**  
STREET ADDRESS **P.O. BOX 765 N/A**  
CITY-ST-ZIP **BAINBRIDGE GA**

TITLE **PD** ☒ DELETE  
NAME **BARR, JACK**  
STREET ADDRESS **1427 SPRUCE AVE**  
CITY-ST-ZIP **TALLAHASSEE FL 32303**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **PD** ☐ Change ☐ Addition  
1.2 NAME **Marvin Daniels**  
1.3 STREET ADDRESS **8730 Thomas Dr. #506**  
1.4 CITY-ST-ZIP **Panama City Beach, FL 32408**

2.1 TITLE **VPD** ☐ Change ☐ Addition  
2.2 NAME **Eugene Cassiday**  
2.3 STREET ADDRESS **4213 Admiral Dr.**  
2.4 CITY-ST-ZIP **Chamblee, Ga. 30341**

3.1 TITLE **SD** ☐ Change ☐ Addition  
3.2 NAME **Kathy Eason**  
3.3 STREET ADDRESS **8730 Thomas Dr. #306**  
3.4 CITY-ST-ZIP **Panama City Beach, FL 32408**

4.1 TITLE **TD** ☐ Change ☐ Addition  
4.2 NAME **Les Schwelling**  
4.3 STREET ADDRESS **122 Lake Davidson Dr.**  
4.4 CITY-ST-ZIP **Helena, AL 35080**

5.1 TITLE **D** ☐ Change ☐ Addition  
5.2 NAME **Harry Kornrumpf**  
5.3 STREET ADDRESS **8730 Thomas Dr. #401**  
5.4 CITY-ST-ZIP **Panama City Beach, FL 32408**

6.1 TITLE  
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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)