

**DOCUMENT # 769670**

1. Entity Name

**ST. THOMAS SQUARE MASTER OWNERS ASSOCIATION, INC**

Principal Place of Business

Mailing Address

8730 THOMAS DR.  
PANAMA CITY BEACH FL 32408  
US8730 THOMAS DR.  
PANAMA CITY BEACH FL 32408-4766  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number **59-2352746**  
**69-2353746**

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

## 6. Name and Address of Current Registered Agent

## 7. Name and Address of New Registered Agent

**BLUE, ROB**  
**221 MCKENZIE AVE..**  
**PANAMA CITY FL 32401**Name **Alisa James - ATT. James & Cothran**Street Address (P.O. Box Number is Not Acceptable)  
**1004 Jenks Ave.**City **Panama City** **FL** Zip Code **32401**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:**  
**FEE IS \$61.25**9. Election Campaign Financing  
Trust Fund Contribution. ☐**\$5.00** May Be  
Added to Fees**Make Check Payable to**  
**Department of State**

## 10. OFFICERS AND DIRECTORS

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **VPD** ☒ Delete  
NAME **CASSIDY, EUGENE**  
STREET ADDRESS **4213 ADMIRAL DR**  
CITY-ST-ZIP **CHAMBLEE GA 30341**TITLE **PD** ☐ Change ☒ Addition  
NAME **Steere, David**  
STREET ADDRESS **7311 Emerson Dr.**  
CITY-ST-ZIP **PANAMA CITY BEACH, FL 32408**TITLE **PD** ☒ Delete  
NAME **DANIELS, MARVIN**  
STREET ADDRESS **8730 THOMAS DR #506**  
CITY-ST-ZIP **PANAMA CITY FL 32408**TITLE **VPD** ☐ Change ☒ Addition  
NAME **Luther, William**  
STREET ADDRESS **4012 Patton Edwards Dr.**  
CITY-ST-ZIP **Chattanooga, TN 37412**TITLE **TD** ☐ Delete  
NAME **SCHWELLING, LES**  
STREET ADDRESS **122 LAKE DAVIDSON DR**  
CITY-ST-ZIP **POLOMO GA 33080**TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE **SD** ☒ Delete  
NAME **EASON, KATHY**  
STREET ADDRESS **8730 THOMAS DR**  
CITY-ST-ZIP **PANAMA CITY BEACH FL 32408**TITLE **SD** ☐ Change ☒ Addition  
NAME **Bell, Claude**  
STREET ADDRESS **120 LAKE DAVIDSON LANE**  
CITY-ST-ZIP **Helena, AL 35080**TITLE **D** ☒ Delete  
NAME **KORNRUMPT, HARRY**  
STREET ADDRESS **870 THOMAS DR #401**  
CITY-ST-ZIP **PANAMA CITY BEACH FL 32408**TITLE **D** ☐ Change ☒ Addition  
NAME **Johnson, Marvin**  
STREET ADDRESS **9730 Thomas Dr. UNIT 506**  
CITY-ST-ZIP **PANAMA CITY BEACH, FL 32408**TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment to this report, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)