

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 02, 2006 8:00 am
Secretary of State

02-02-2006 90077 036 ****61.25

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1. Entity 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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/05)

4. FEI Number

59-2352746

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ALISA JAMES-ATT JAMES & COTHAN
1004 JENKS AVE
PANAMA CITY FL 32401

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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. I am familiar with, and accept the obligations of registered agent.

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
Due By May 1, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE VPD
NAME KORNRUMPF, HARRY ☐ Delete
STREET ADDRESS 8730 THOMAS DR #1101
CITY-ST-ZIP PANAMA CITY FL 32408

TITLE ASD
NAME TAYLOR, JOHN ☐ Delete
STREET ADDRESS 385 HWY 30 WEST
CITY-ST-ZIP AMERICUS GA 31709

TITLE PD
NAME MYERS, ALLEN ☐ Delete
STREET ADDRESS 1895 BRANNAN ROAD
CITY-ST-ZIP MCDONOUGH GA 30254

TITLE SD
NAME LUTHER, W B ☐ Delete
STREET ADDRESS 4012 PATTON-EDWARDS DR.
CITY-ST-ZIP CHATTANOOGA TN 37412

TITLE TD
NAME MCGOWEN, KEVIN ☐ Delete
STREET ADDRESS 414 YOUNG WAY
CITY-ST-ZIP RICHMOND HILL GA 31324

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME PD
STREET ADDRESS Myers, Allen
CITY-ST-ZIP 150 Emerald Dr.
McDonough, GA 30253

TITLE ☐ Change ☐ Addition
NAME SD
STREET ADDRESS Luther, W.B.
CITY-ST-ZIP 8735 N. Lagoon Dr.
Panama City Bch, FL 32408

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 with an address, with all other like empowered.

SIGNATURE:

Allen Myers

Allen Myers

1-21-06