


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

1/1

FILED
Apr 05, 2005 8:00 am
Secretary of State

01-19-2005 90004 004 ****61.25

DOCUMENT # 771218			
1. Entity Name SANTA MONICA BEACH PROPERTY OWNERS ASSOCIATION, INCORPORATED			
Principal Place of Business 219 BUENA VISTA AVE PANAMA CITY, FL 32413 US		Mailing Address P O BOX 7013 PANAMA CITY BEACH, F. 32413 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
SALTER, GARY 219 BUENA VISTA AVE PANAMA CITY, FL 32413		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when releasing) DATE</small>			
P'd 2.84 1.19.05 Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD- DEVANE, JOE B. <input type="checkbox"/> Delete 235-BEL AIRE DR PANAMA CITY, FL 32413	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BOLEN, JOE <input checked="" type="checkbox"/> Delete 304 PONCIANA DRIVE BIRMINGHAM, AL 35209	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Bob Smith <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 137 Downing St. Panama City, FL 32418
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD SALTER, GARY <input type="checkbox"/> Delete 219 BUENA VISTA AVE PANAMA CITY, FL 32413	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary + Treasurer <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BYARS, WALTER <input type="checkbox"/> Delete 133 BELAIRE DRIVE PANAMA CITY BEACH, FL 32413	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SMITH, BOB <input checked="" type="checkbox"/> Delete 20816 HWY 90A PANAMA CITY BEACH, FL 32413	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Jacqueline Thompson Earl Mobley 125 Monterey Ave Panama City, FL 32413
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRANGER, JOE <input type="checkbox"/> Delete 5351 WOODFORD DR BIRMINGHAM, AL 35242	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Joe Bailey 304 Buena Vista Ave Panama City, FL 32413
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 817, 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: <i>Gary Salter</i> Gary Salter		Date: 13 JAN 2005 850.235.1765	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>	

66008707



01122005 Chg-NP CR2E037 (10/03)

4. FEI Number
59-2344672

Applied For
Not Applicable

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

FL Zip Code

P'd 2.84
1.19.05

Filing Fee is \$61.25
Due by May 1, 2005

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	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary + Treasurer <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Jacqueline Thompson Earl Mobley 125 Monterey Ave Panama City, FL 32413
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SIGNATURE: *Gary Salter* Gary Salter Date: 13 JAN 2005 850.235.1765

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Devere Phone 9