

**2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 27, 2009  
Secretary of State**

DOCUMENT# 771218

**Entity Name:** SANTA MONICA BEACH PROPERTY OWNERS ASSOCIATION, INCORPORATED

**Current Principal Place of Business:**

124 BUENA VISTA AVE.  
PANAMA CITY, FL 32413 US

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 7013  
PANAMA CITY BEACH, F 32413 US

**New Mailing Address:**

**FEI Number:** 59-2344672      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

WHITSON, CHARLES R  
124 BUENA VISTA AVE  
PANAMA CITY BEACH, FL 32413 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: BAILEY, JOE  
Address: 304 BUENA VISTA AVE.  
City-St-Zip: PANAMA CITY BEACH, FL 32413

Title: VP ( ) Delete  
Name: GRANGER, JOE  
Address: 5351 WOODFORD DRIVE  
City-St-Zip: BIRMINGHAM, AL 35242

Title: ST ( ) Delete  
Name: WHITSON, CHARLES  
Address: 208 CHINA STREET  
City-St-Zip: TROY, AL 36081

Title: D ( ) Delete  
Name: THOMAS, GEORGE  
Address: BUENA VISTA AVE.  
City-St-Zip: PANAMA CITY BEACH, FL 32413

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: HOLMAN, ADRIAN  
Address: 304 BUENA VISTA AVE.  
City-St-Zip: PANAMA CITY BEACH, FL 32413

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: THOMAS, GEORGE  
Address: 334 BEL AIRE DRIVE  
City-St-Zip: PANAMA CITY BEACH, FL 32413

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHARLES ROBERT WHITSON

Electronic Signature of Signing Officer or Director

ST

04/27/2009

\_\_\_\_\_ Date