

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 29, 2006 08:00 AM
Secretary of State

DOCUMENT # N00000004124

1. Entity Name
SUMMER TOWNE OWNERS ASSOCIATION, INC.



Principal Place of Business
**16328 FRONT BEACH RD
PANAMA CITY BEACH, FL 32413**

Mailing Address
**17644 FRONT BEACH RD
PANAMA CITY BEACH, FL 32413**



01242006 No Chg-NP CRZE037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3702717

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**STEPHENS, LARRY W
17644 FRONT BEACH RD
PANAMA CITY BEACH, FL 32413**

**DO NOT WRITE
IN THIS SPACE**

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 relocating)

DATE _____

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VFD
SLEDGE, KEN
17644 FRONT BEACH ROAD
PANAMA CITY BEACH, FL 32413**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TD
STEPHENS, LARRY
17644 FRONT BEACH ROAD
PANAMA CITY BEACH, FL 32413**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SD
STEPHENS, TERESA
17644 FRONT BEACH ROAD
PANAMA CITY BEACH, FL 32413**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
FRY, KEITH
16328 FRONT BEACH RD
PANAMA CITY BEACH, FL 32413**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

INDEXED 493435
04/12/06-R0001-004 61.25

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: *Ken Sledge*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Day/Year Filing #

850-234-7772