

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90472 040 ****61.25

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01082007 Chg-NP CR2E037 (12/06)

DOCUMENT # N02078 1. Entity Name PORTSIDE CONDOMINIUM HOMEOWNERS' ASSOCIATION, INC.					
Principal Place of Business 17620 FRONT BEACH ROAD PANAMA CITY BEACH, FL 32413			Mailing Address 17620 FRONT BEACH ROAD PANAMA CITY BEACH, FL 32413		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2942007	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WILLIAMS, JACK G 502 HARMON AVENUE PO BOX 2176 PANAMA CITY, FL 32402			7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2007		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	DV BACON, BILL 110 RED CLIFF CIRLCE ENTERPRISE, AL 36330	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Brenda Stanley 17620 Front Bch Rd. #74 Panama City Bch FL 32413
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS WATTS, DELORES 17620 FRONT BEACH RD UNIT K2 PANAMA CITY BEACH, FL 32413	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	U. President Harold Lee 4012 Emerson Ct McDonough Ga 30252
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PLEMONS, PEGGY 119 COUNTRY ROAD S97 HANCEVILLE, AL 35077	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Jim Menzies RR1 Comp 1111 39 Grandview Circle Oro Station Ont. Canada L0L2E0
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT RICHARDSON, BOB 8995 STONELAKE COURT ROSWELL, GA 30076	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Rex Cox P.O. Box 1212 Cumming Ga. 30028
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NICHOLAS, DONNA 7205 TARA DRIVE VILLA RICA, GA 30180	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Greg Blosser 1373 Hwy 18-W Barnesville Ga 30204
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARILYN, MAIN 17620 FRONT BEACH RD.-SJ5 PANAMA CITY BEACH, FL 32413	<input checked="" type="checkbox"/> Delete		TITLE 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 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: <u>Brenda Stanley Brenda Stanley</u> 1-24-07 850-236-0474					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					