

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2008 8:00 am
Secretary of State

04-15-2008 90025 035 ****61.25

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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 # SAME		3. Mailing Address SAME			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	01172008 Chg-NP CR2E037 (12/06)	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2008		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	P STANLY, BRENDA 17620 FRONT BEACH RD #P4 PANAMA CITY BEACH, FL 32413	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Kilgrow, Bud 3123 Windemere Circle Nashville, TN 37214	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS WATTS, DELORES 17620 FRONT BEACH RD UNIT K2 PANAMA CITY BEACH, FL 32413	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Davidson, Bruce P.O. Box 7347 Panama City Beach, FL 32413	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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	S Peterson, Connie 17620 Front Beach Rd T-5 Panama City Beach, FL 32413	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V LEE, HAROLD 4012 EMERSON CT MCDONOUGH, GA 30252	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Sherman, Robert 17620 Front Beach Rd R-3 Panama City Beach, FL 32413	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MENZIES, JIM 39 GRANDVIEW CIRCLE ORO STATION ONTARIO, CA M12e0	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Wages, Cindy 1205 School Rd Dallas, GA 30132	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S COX, REX P.O. BOX 1212 CUMMING, GA 30028	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: E. D. (Bud) Kilgrow <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			04/08/08 (615) 889-1526 <small>Date Daytime Phone #</small>		