FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N04104 (8)

1. Corporation Name

LULLWATER BEACH CONDOMINIUM HOMEOWNERS' ASSOCIAT ION, INC.

Principal Place of Business	Mailing Address
301 LULLWATER DR. PANAMA CITY BEACH FL 32413-2451	301 LULLWATER DR. PANAMA CITY BEACH FL 32413-2451

3. Date Incorporated or Qualified: 07/10/1984

3a. Date of Last Report: 05/01/1995

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

4. FEI Number: 59-2507671 ☐ Applied For ☐ Not Applicable

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

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

HESS, GLENN L.
9108 W. HWY. 98A
PANAMA CITY BCH. FL 32407

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SD	☐ DELETE	11 TITLE	☐ Change ☐ Addition
NAME	DYE, KATHARINE		12 NAME	
STREET ADDRESS	113 SAN SOUCI		13 STREET ADDRESS	
CITY-ST-ZIP	PANAMA CITY FL 32413		14 CITY-ST-ZIP	
TITLE	D	☐ DELETE	21 TITLE	☐ Change ☐ Addition
NAME	COX, BEVERLY		22 NAME	
STREET ADDRESS	1730 THORS ROCK DR.		23 STREET ADDRESS	
CITY-ST-ZIP	MARIETTA GA 30062		24 CITY-ST-ZIP	
TITLE	PD	☐ DELETE	31 TITLE	☐ Change ☐ Addition
NAME	JOHNSON, EUGENE		32 NAME	
STREET ADDRESS	200 DEER CRK DR		33 STREET ADDRESS	
CITY-ST-ZIP	GENOA IL		34 CITY-ST-ZIP	
TITLE	DV	☒ DELETE	41 TITLE	☐ Change ☐ Addition
NAME	BENTLEY, FRED		42 NAME	
STREET ADDRESS	8532 OLD HARDING LANE		43 STREET ADDRESS	
CITY-ST-ZIP	NASHVILLE TN 37221		44 CITY-ST-ZIP	
TITLE	Treas.	☐ DELETE	51 TITLE	☐ Change ☐ Addition
NAME	James C. Bankston		52 NAME	
STREET ADDRESS	2516 David Dr.		53 STREET ADDRESS	
CITY-ST-ZIP	Nashville, Tn. 37214		54 CITY-ST-ZIP	
TITLE		☐ DELETE	61 TITLE	☐ Change ☐ Addition
NAME			62 NAME	
STREET ADDRESS			63 STREET ADDRESS	
CITY-ST-ZIP			64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE: James C. Bankston by B. Mann, Mgr. 3-14-96 (904) 235 7442
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

James C. Bankston Treas.

CR2E037 (12/95)