

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

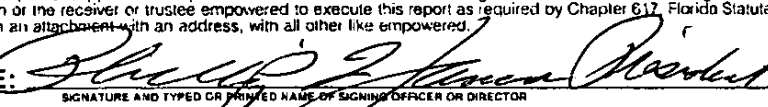
FILED
May 16, 2008 8:00 am
Secretary of State

04-17-2008 90010 023 ****61.25

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I HEREBY CERTIFY THAT THE ABOVE IS THE CORRECT AND CURRENT ADDRESS OF THE ENTITY FOR THE PURPOSES OF THIS REPORT.

1st MOORE CR2E037 (10/07)

DOCUMENT # N04104					
1. Entity Name LULLWATER BEACH CONDOMINIUM HOMEOWNERS' ASSOCIATION, INC.					
Principal Place of Business 301 LULLWATER DR. PANAMA CITY BEACH FL 32413-2451			Mailing Address 301 LULLWATER DR. PANAMA CITY BEACH FL 32413-2451		
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 59-2507671	
				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HESS, GLENN L. 9108 FRONT BEACH RD PANAMA CITY FL 32408			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 _____ DATE _____					
FILE NOW: FEE IS \$61.25 Due By May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. ☐		\$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	SD	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	DYE, KATHARINE		NAME		
STREET ADDRESS	113 SAN SOUCI		STREET ADDRESS		
CITY- ST- ZIP	PANAMA CITY FL 32413		CITY- ST- ZIP		
TITLE	DS	☒ Delete	TITLE	☐ Change	☐ Addition
NAME	THOMPSON, SHEILA		NAME		
STREET ADDRESS	425 LULLWATER DR		STREET ADDRESS		
CITY- ST- ZIP	P.C. BEACH FL 32413		CITY- ST- ZIP		
TITLE	D	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	PHILLIP, JAMES		NAME		
STREET ADDRESS	219 N. STATE ST		STREET ADDRESS		
CITY- ST- ZIP	GENOA IL 60135		CITY- ST- ZIP		
TITLE	D	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	PEYTON, ROGER		NAME		
STREET ADDRESS	671 EAST ARCH		STREET ADDRESS		
CITY- ST- ZIP	MADISONVILLE KY 42437		CITY- ST- ZIP		
TITLE	D	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	Twitty, Mike		NAME		
STREET ADDRESS	2017 Sanford Drive		STREET ADDRESS		
CITY- ST- ZIP	Mt. Juliet, Tenn. 37122		CITY- ST- ZIP		
TITLE	D	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	Jo S. Greany		NAME		
STREET ADDRESS	2770 Pine Ridge Rd.		STREET ADDRESS		
CITY- ST- ZIP	Tallahassee, Fl. 32308		CITY- ST- ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:  5/1/08					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					