

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

FILED
Mar 06, 2006 8:00 am
Secretary of State

03-06-2006 90018 046 ****61.25

DOCUMENT # N04149

1. Entity Name
EDGEWATER BEACH RESORT COMMUNITY
ASSOCIATION, INC.



Principal Place of Business
11212 FRONT BEACH ROAD
PANAMA CITY BEACH, FL 32407

Mailing Address
11212 FRONT BEACH ROAD
PANAMA CITY BEACH, FL 32407

4000-



02282006 No Chg-NP CR2E037 (11/05)

4. FEI Number
59-2445049

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

HESS, BRIAN D
9108 FRONT BEACH RD
PANAMA CITY BEACH, FL 32407

**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 reinstating)

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 P
NAME BAILEY, JAMES F
STREET ADDRESS 520 BECKRICH RD., #815
CITY-ST-ZIP PANAMA CITY BEACH, FL 32407

TITLE D
NAME GRIFFIN, GARY
STREET ADDRESS 10200 GROOMSBRIDGE RD
CITY-ST-ZIP ALPHARETTA, GA 30202

TITLE V
NAME ULMER, ELAINE
STREET ADDRESS 520 BECKRICH RD, # 1606
CITY-ST-ZIP PANAMA CITY BEACH, FL 32407

TITLE S
NAME THOMASSON, ED
STREET ADDRESS 520 BECKRICH RD #3002
CITY-ST-ZIP PANAMA CITY BEACH, FL 32407

TITLE T
NAME JANSSEN, ORLIN
STREET ADDRESS 11619 FRONT BCH RD #306
CITY-ST-ZIP PANAMA CITY BEACH, FL 32407

TITLE D
NAME STOCKMAN, JOHN
STREET ADDRESS 520 BECKRICH RD, # 807
CITY-ST-ZIP PANAMA CITY BEACH, FL 32407

**DO NOT WRITE
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Ed Thomasson

3-1-06 (850) 230-8513