

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 14, 2008 8:00 am**  
**Secretary of State**

04-14-2008 90044 039 \*\*\*\*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**

**40067786**



04082008 No Chg-NP CR2E037 (4/06)

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, 2008**

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 #