

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 23, 2007 08:00 AM
Secretary of State

DOCUMENT # N05000008104

1. Entity Name
BEACH HOUSE CONDOMINIUM ASSOCIATION OF
PANAMA CITY BEACH, INC.



Principal Place of Business
25 WEST CEDAR STREET
SUITE 313
PENSACOLA, FL 32502

Mailing Address
25 WEST CEDAR STREET
SUITE 313
PENSACOLA, FL 32502



03032007 No Chg-NP

CR2E037 (4/06)

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4. FEI Number
20-4457620

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HIOTT, HUGH L
25 WEST CEDAR STREET
SUITE 313
PENSACOLA, FL 32502

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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, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U000000677168
03/30/07-80093-019 61.25

10. OFFICERS AND DIRECTORS

TITLE PD
NAME HIOTT, HUGH
STREET ADDRESS 25 W CEDAR ST., SUITE 313
CITY-ST-ZIP PENSACOLA, FL 32502

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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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 #