

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 # **N10435** (8)

1. Corporation Name

ENDLESS SUMMER OWNERS ASSOCIATION, INC.



Principal Place of Business: 17614 FRONT BEACH RD, P.O. BOX 14282, PANAMA CITY BEACH FL 32413
Mailing Address: 17614 FRONT BEACH RD, P.O. BOX 14282, PANAMA CITY BEACH FL 32413

3. Date Incorporated or Qualified: **07/26/1985**
3a. Date of Last Report: **05/01/1995**
4. FEI Number: **59-2616259**
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

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MCCOY, ELKE
726 THOMAS DR.
PANAMA CITY FL 32408**

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	SCARBOROUGH, D A	
STREET ADDRESS	121 BROAD ST	
CITY-ST-ZIP	ALEXANDER CITY FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	REEVES, ELEANORA	
STREET ADDRESS	2220 SUNNY HILL RD	
CITY-ST-ZIP	LAWRENCEVILLE GA	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	KEEFE, BETTY	
STREET ADDRESS	4587 GANN CROSSING	
CITY-ST-ZIP	SMYRNA GA	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	JERNIGAN, EARL	
STREET ADDRESS	RT 1, BOX 33-D	
CITY-ST-ZIP	DOTHAN AL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	GUARIN, VINCENT J	
STREET ADDRESS	15014 ASH MOUNT BLVD SE	
CITY-ST-ZIP	HUNTSVILLE AL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	JONES, WILLIAM L	
STREET ADDRESS	17614 FRONT BEACH RD / STE - F9	
CITY-ST-ZIP	PANAMA CITY BEACH FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	ANN B. HASSELL
2.3 STREET ADDRESS	503 RANDWICK RD
2.4 CITY-ST-ZIP	DOTHAM, AL 36301
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	700001794397
4.3 STREET ADDRESS	-04/25/96--01033--028
4.4 CITY-ST-ZIP	***61.25
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	GLENN JOINER
6.3 STREET ADDRESS	2235 New County Line Rd
6.4 CITY-ST-ZIP	Sylacauga, AL 35150

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: Earl Jernigan EARL JERNIGAN 4-12-96 (334) 983-3521
SIGNATURE (AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) Date Daytime Phone #

CR2E037 (12/95)