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Apr 17 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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 Mailing Address
17614 FRONT BEACH RD P.O. BOX 14282 PANAMA CITY BEACH FL 32413
17614 FRONT BEACH RD P.O. BOX 14282 PANAMA CITY BEACH FL 32413-4282

3. Date Incorporated or Qualified 07/26/1985
3a. Date of Last Report 04/25/1996

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

4. FEI Number 59-2616259 Applied For Not Applicable
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

9. Name and Address of Current Registered Agent
MCCOY, ELKE
726 THOMAS DR.
PANAMA CITY FL 32408

10. Name and Address of New Registered Agent
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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D SCARBOROUGH, D A	1.1 TITLE	Director + Vice President
NAME	121 BROAD ST	1.2 NAME	
STREET ADDRESS	ALEXANDER CITY FL	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	D HASSELL, ANN B	2.1 TITLE	
NAME	503 RANDWICK RD.	2.2 NAME	
STREET ADDRESS	DOTHAN AL 36301	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	SD KEEFE, BETTY	3.1 TITLE	
NAME	4587 GANN CROSSING	3.2 NAME	
STREET ADDRESS	SMYRNA GA	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	PD JERNIGAN, EARL	4.1 TITLE	
NAME	RT 1, BOX 33-D	4.2 NAME	
STREET ADDRESS	DOTHAN AL	4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	SD GUARIN, VINCENT J	5.1 TITLE	
NAME	15814 ASH MOUNT BLVD SE	5.2 NAME	Monte Ellis
STREET ADDRESS	HUNTSVILLE AL	5.3 STREET ADDRESS	8014 Randall Rd.
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Huntsville, AL 35802
TITLE	D JOINER, GLENN	6.1 TITLE	
NAME	2235 NEW COUNTY LINE RD.	6.2 NAME	
STREET ADDRESS	SYLACAUGA AL 35150	6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Elke McCoy* 3/25/97 (904) 235-4095
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #0000765

CR2E037 (9/96)