

FILE NOW: FILING FEE IS \$61.25

FILED
Feb 26 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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3. Date Incorporated or Qualified 07/26/1985	
4. FEI Number 59-2616259	Applied For <input type="checkbox"/> Not Applicable

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. Zip	29. Zip
25. Country	30. Country

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> 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	85. Zip Code

FL

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	DVP <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCARBOROUGH, D A	1.2 NAME	
STREET ADDRESS	121 BROAD ST	1.3 STREET ADDRESS	
CITY-ST-ZIP	ALEXANDER CITY FL	1.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	2.1 TITLE	ROBERT SHERMAN <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HASSELL, ANN B	2.2 NAME	17614 Front Beach Rd, A-28
STREET ADDRESS	503 RANDWICK RD.	2.3 STREET ADDRESS	Panama City Beach, FL 32413
CITY-ST-ZIP	DOTHAN AL 36301	2.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KEEFE, BETTY	3.2 NAME	
STREET ADDRESS	4587 GANN CROSSING	3.3 STREET ADDRESS	
CITY-ST-ZIP	SMYRNA GA	3.4 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JERNIGAN, EARL	4.2 NAME	
STREET ADDRESS	RT 1, BOX 33-D	4.3 STREET ADDRESS	
CITY-ST-ZIP	DOTHAN AL	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ELLIS, MONTE	5.2 NAME	
STREET ADDRESS	8014 RANDALL ROAD	5.3 STREET ADDRESS	
CITY-ST-ZIP	HUNTSVILLE AL	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOINER, GLENN	6.2 NAME	
STREET ADDRESS	2235 NEW COUNTY LINE RD.	6.3 STREET ADDRESS	
CITY-ST-ZIP	SYLACAUGA AL 35150	6.4 CITY-ST-ZIP	

14. I 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: Earl Jernigan, President 2-9-98 (384) 983-3521 E879

CR2E037 (10/97)