

FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Mar 08, 1999 8:00 am**  
**Secretary of State**

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03-08-1999 90031 028 \*\*\*\*61.25

NONPROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # N10435**

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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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 07/26/1985
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2616259 Applied For Not Applicable
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees
	Zip 29	Country 30

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
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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHERMAN, ROBERT	2.2 NAME	
STREET ADDRESS	17614 FRONT BEACH RD, UNIT A-28	2.3 STREET ADDRESS	
CITY-ST-ZIP	PANAMA CITY BEACH FL 3248	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, with all other like empowered.

SIGNATURE: [Signature] DATE: 2-26-99 DAYTIME PHONE #: 850-235-3150

CR2E037 (11/98)