

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Aug 11, 2005 8:00 am
Secretary of State

08-11-2005 90001 037 ****61.25



DOCUMENT # N10435
 1. Entity Name
ENDLESS SUMMER OWNERS ASSOCIATION, INC.

Principal Place of Business Mailing Address
17614 FRONT BEACH RD **17614 FRONT BEACH RD**
PANAMA CITY BEACH FL 32413 **PANAMA CITY BEACH FL 32413**

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

1st MOORE CR2E037 (10/04)
 4. FEI Number Applied For
59-2616259 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
HESS, BRIAN
9108 FRONT BEACH RD.
PANAMA CITY BEACH FL 32408

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	PTD	<input type="checkbox"/> Delete
NAME	JERNIGAN, EARL	
STREET ADDRESS	WALLACE COLLEGE, RT. 6 BOX 62	
CITY-ST-ZIP	DOTHAN AL 36303	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	SCARBOROUGH, D.A.	
STREET ADDRESS	P.O. BOX 1329	
CITY-ST-ZIP	ALEXANDER CITY H AL 35011	
TITLE	D	<input type="checkbox"/> Delete
NAME	BRIDGEWATER, BOB	
STREET ADDRESS	2626 CHEYENNE DRIVE	
CITY-ST-ZIP	BOWLING GREEN KY 42104	
TITLE	D	<input type="checkbox"/> Delete
NAME	JOINER, GLENN	
STREET ADDRESS	2235 NEW COUNTY LINE ROAD	
CITY-ST-ZIP	SYLACAUGA AL 35150	
TITLE	SD	<input type="checkbox"/> Delete
NAME	WHITLEY, GREGORY	
STREET ADDRESS	150 ASHFORD PARK	
CITY-ST-ZIP	MACON GA 31210	
TITLE		<input type="checkbox"/> Delete
NAME	Smith Wallace	
STREET ADDRESS	805 Oak Forest Rd.	
CITY-ST-ZIP	Hayesville N.C. 32324	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. 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 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: *Earl Jernigan* **EARL JERNIGAN, President** 4-23-05 334-556-1663
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #