

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 23, 2003 8:00 am
Secretary of State

04-23-2003 90305 029 ****70.00

DOCUMENT # N10435



1. Entity Name
ENDLESS SUMMER OWNERS ASSOCIATION, INC.

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

Mailing Address
**17614 FRONT BEACH RD
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

4. FEI Number **59-2616259**

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HESS, BRIAN
9108 FRONT BEACH RD.
PANAMA CITY BEACH FL 32408**

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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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 checked="" type="checkbox"/> Delete
NAME	FINDLEY, MILTON	
STREET ADDRESS	1393 BEMBROOKE LANE	
CITY-ST-ZIP	ACWORTH GA 30101	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ELLIS, MONTE	
STREET ADDRESS	8014 RANDALL ROAD	
CITY-ST-ZIP	HUNTSVILLE AL 32413	

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 checked="" type="checkbox"/> Addition
NAME	Whitley, Gregory	
STREET ADDRESS	150 Ashford Park	
CITY-ST-ZIP	Macon, GA 31210	
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* **SIGNATURE REQUIRED**

4-19-03 334-556-2376

CR2E037 (10/02)