2002 UNIFORM BUSINESS REPORT (UBR) **FILED DOCUMENT # N10523** May 09, 2002 8:00 am Secretary of State HOLIDAY BEACH ON THE GULF PROPERTY OWNERS ASSOCI 05-09-2002 90045 038 ****61.25 ATION, INC. Principal Place of Business Mailing Address 4123 NANCY DRIVE 4123 NANCY DRIVE PANAMA CITY BCH, FL 32408 PANAMA CITY BCH. FL 32408 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3151517 Ġ. Not Applicable Zip Country Zio Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) 4/23 NANCES LANCE ADAMS, JERRY 4123 NANCY DRIVE PANAMA CITY BEACH FL 32408 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 (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Department of State Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. Delete TITLE TITLE ☐ Addition ADAMS, ROB NAME NAME **4123 NANCY DRIVE** STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PANAMA CITY FL 32405 CITY-ST-ZIP Name property 5-pelled 15 BURGAN TITLE ☐ Delete TITLE ☐ Addition BURAN, BRAD NAME NAME 8247 COUNTRY LINE RD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **ROBERTSVILLE MO 63072** CITY-ST-ZIP Director Addition TITLE TITLE Change HIGHSMITH, MIKE NAME NAME Nancy Nance 4108 Nancee Drive 4120 DANNY DR. STREET ADDRESS STREET ADDRESS PANAMA CITY BEACH FL CITY-ST-ZIP CITY-ST-ZIP Parana City Beach TITLE Director Addition TITLE ☐ Change ADAMS, ROBERT NAME NAME Terry Adams 4123 NANCEE DR 4123 Nances Drive STREET ADDRESS STREET ADDRESS PANAMA CITY BEACH FL 32408 CITY-ST-ZIE CITY-ST-ZIP PRA TITI F TITLE Change ☐ Addition PEAVY, JACK NAME NAME 4129 DANNY DR. STREET ADDRESS STREET ADDRESS PANAMA CITY BCH FL CITY-ST-7IP CITY-ST-ZIP Delete TITLE ☐ Change Addition **BRENDA ELLIS** NAME NAME 4133 DANNY DR. STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

PANAMA CITY BCH FL

SINAPORE RECIPIED ANS

4.24.02

850-249-5559

Daytime Phone #