

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Sep 03, 2008 8:00 am
Secretary of State

09-03-2008 90005 009 ****61.25

DOCUMENT # N13418

1. Entity Name

TOPS'L BEACH MANOR CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

9001 HWY 98 W
DESTIN FL 32550
US

Mailing Address

550 TOPS'L BEACH BLVD
MIRAMAR BEACH FL 32550
US

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

2nd MOORE

CR2E037 (4/08)

4. FEI Number

59-2660480

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SHELTON, ROBERT
550 TOPS'L BEACH BLVD
MIRAMAR BEACH FL 32550

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
Due By September 3, 2008

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 DP ☐ Delete
NAME PROFFITT, JOHN
STREET ADDRESS 517 SALT LICK TERRACE
CITY-ST-ZIP PEACHTREE CITY GA 30269

TITLE DV ☒ Delete
NAME HUFFMAN, DAVID
STREET ADDRESS 3905 LINDSEY RD
CITY-ST-ZIP MARIETTA GA 30067

TITLE DS ☐ Delete
NAME ZONGOR, ANDREA
STREET ADDRESS 6108 WENDOVER GLEN
CITY-ST-ZIP BRENTWOOD TN 37027

TITLE DT ☐ Delete
NAME GOOCH, JOHN
STREET ADDRESS 6636 MARY KNOLL CIR
CITY-ST-ZIP MOBILE AL 36695

TITLE D ☐ Delete
NAME COORS, GILES
STREET ADDRESS 4222 TUCKAHOE
CITY-ST-ZIP MEMPHIS TN 38117

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

[Signature]

08-14-08

850 269-0416