

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 12, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # N22126**

1. Entity Name  
**BARRIER DUNES-SEACLIFFS SEWAGE TREATMENT  
FACILITY, INC.**



Principal Place of Business  
**C/O DENNIS WEAVER  
C30 AT STATE PARK  
PORT ST JOE, FL 32456**

Mailing Address  
**200 REID AVE  
PORT ST JOE, FL 32456**



03102004 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>58-1832889</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

**COSTIN, CHARLES A.  
413 WILLIAMS AVENUE  
PORT ST. JOE, FL 32456**

**DO NOT WRITE  
IN THIS SPACE**

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

**Filing Fee is \$61.25  
Due by May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

1100000088889  
10/12/04-80040-011 61 25

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PD  
PALMER, MORRIS  
204 HWY 98  
PORT SAINT JOE, FL 32456**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**TD  
PICKETT, BOYD  
108 SUNSET CIR  
PORT SAINT JOE, FL 32456**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**SD  
SUMMERS, LARRY  
PO BOX 23660  
LEXINGTON, KY 40523**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/10/04 850-227-6969