

N23000006836

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

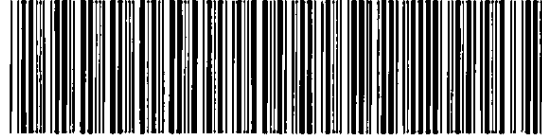
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CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

SUMMER PLACE OF PANAMA CITY

BEACH TOWNHOME OWNERS ASSOCIATION, INC.

Please Debit I20000000257 For: 70

Thank you Seth Neeley



Signature

Requested by:

Name

Date

Time

Walk-In

Will Pick Up

- ☒ Art of Inc. File
- ☐ LTD Partnership File
- ☐ Foreign Corp. File
- ☐ L.C. File
- ☐ Fictitious Name File
- ☐ Trade/Service Mark
- ☐ Merger File
- ☐ Art. of Amend. File
- ☐ RA Resignation
- ☐ Dissolution / Withdrawal
- ☐ Annual Report / Reinstatement
- ☐ Cert. Copy
- ☒ Photo Copy
- ☐ Certificate of Good Standing
- ☐ Certificate of Status
- ☐ Certificate of Fictitious Name
- ☐ Corp Record Search
- ☐ Officer Search
- ☐ Fictitious Search
- ☐ Fictitious Owner Search
- ☐ Vehicle Search
- ☐ Driving Record
- ☐ UCC 1 or 3 File
- ☐ UCC 11 Search
- ☐ UCC 11 Retrieval
- ☐ Courier

COVER LETTER

Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

SUBJECT: SUMMER PLACE OF PANAMA CITY BEACH TOWNHOME OWNERS ASSOCIATION, INC.
(PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)

Enclosed is an original and one (1) copy of the Articles of Incorporation and a check for :

☒ \$70.00
Filing Fee

☐ \$78.75
Filing Fee &
Certificate of
Status

☐ \$78.75
Filing Fee
& Certified Copy

☐ \$87.50
Filing Fee,
Certified Copy
& Certificate

ADDITIONAL COPY REQUIRED

FROM: BURG WYNN C/O NICOLE JONES, ESQ.
Name (Printed or typed)

215 HARRISON AVENUE
Address

PANAMA CITY, FLORIDA 32401
City, State & Zip

850 851 0621
Daytime Telephone number

NICOLE@BURGWYNN.COM

E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION
In compliance with Chapter 617, F.S., (Not for Profit)

ARTICLE I NAME

The name of the corporation shall be: SUMMER PLACE OF PANAMA CITY BEACH TOWNHOME OWNERS ASSOCIATION, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address:
6215 THOMAS DRIVE

Mailing address, if different is:

PANAMA CITY BEACH, FL 32407

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: OWNER'S ASSOCIATION

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed
ELECTED BY MEMBERS OF THE ASSOCIATION

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	<u>JAN AUGHENBAUGH</u>	Name and Title:	<u>BETTY SCHROEDER</u>
Address	<u>6215 THOMAS DRIVE</u>	Address:	<u>6215 THOMAS DRIVE</u>
	<u>PANAMA CITY BEACH, FLORIDA</u>		<u>PANAMA CITY BEACH, FLORIDA</u>
	<u>32407</u>		<u>32407</u>
Name and Title:	<u>RAY BERTELKAMP</u>	Name and Title:	<u></u>
Address	<u>6216 THOMAS DRIVE</u>	Address:	<u></u>
	<u>PANAMA CITY BEACH, FLORIDA</u>		<u></u>
	<u>32407</u>		<u></u>
Name and Title:	<u></u>	Name and Title:	<u></u>
Address	<u></u>	Address:	<u></u>
	<u></u>		<u></u>
	<u></u>		<u></u>

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Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

ARTICLE VI REGISTERED AGENT

The **name and Florida street address** (P.O. Box NOT acceptable) of the registered agent is:

Name: BURG WYNN, P.A.

Address: 215 HARRISON AVENUE

PANAMA CITY, FLORIDA 32401

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: JAN AUGHENBAUGH

Address: 6215 THOMAS DRIVE

PANAMA CITY BEACH, FLORIDA 32401

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

Michele Ramos

Required Signature of Registered Agent

May 16, 2023

Date

I submit this document and affirm that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Jan Aughenbaugh

Required Signature of Incorporator

May 22, 2023

Date

2023 - 5 - 16 8:05