

N23000008244

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

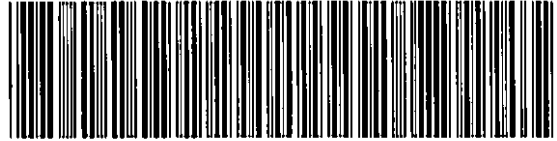
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2023 JUN 10 PM 2:00

2023

10

PM 10:30

CAPITAL CONNECTION, INC.

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

ALLISTON POINT OWNERS' ASSOCIATION INC.

Please Debit FCA000000003 For: 70

Thank you Seth Neeley



Signature

Requested by:

Name

Date

Time

Walk-In

Will Pick Up

172 Pender & Plinning - Tallahassee, FL 32301

- ___ 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: ALLISON POINT 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, P.A.
Name (Printed or typed)

215 HARRISON AVENUE
Address

PANAMA CITY, FLORIDA 32407
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: ALLISON POINT OWNERS' ASSOCIATION, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address:
2303 ALLISON AVENUE

PANAMA CITY BEACH, FLORIDA 32408

Mailing address, if different is:
P.O. BOX 28001

PANAMA CITY, FLORIDA 32411

ARTICLE III PURPOSE

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

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed: BALLOT

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: CHAD BRUCE, DIRECTOR

Address: P.O. BOX 28001
PANAMA CITY, FLORIDA 32411

Name and Title: MICHAEL DARBY, DIRECTOR

Address: P.O. BOX 28001
PANAMA CITY, FLORIDA 32411

Name and Title: BARBARA DARBY, DIRECTOR

Address: P.O. BOX 28001
PANAMA CITY, FLORIDA 32411

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

2023 JUN 10 PM 10:35

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: MICHAEL DARBY
Address: P.O. BOX 28001
PANAMA CITY, FLORIDA 32411

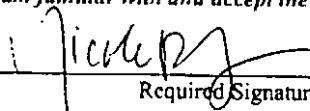
ARTICLE VIII EFFECTIVE DATE:

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.



Required Signature of Registered Agent

3-6-23

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.



Required Signature of Incorporator

3-6-23

Date

2023 JUN 10 PM 10:39
STATE OF FLORIDA