

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N24808

1. Entity Name

NORTH BEACH ESTATES OWNERS' ASSOCIATION, INC.

FILED

Mar 04, 2002 8:00 am
Secretary of State

03-04-2002 90029 022 ****61.25

Principal Place of Business

Mailing Address

919 PELICAN PL
PANAMA CITY BEACH FL 32407
US

919 PELICAN PL
PANAMA CITY BEACH FL 32407
US

2. Principal Place of Business

913 N. Beach Way

Suite, Apt. #, etc.

3. Mailing Address

903 N. Beach Way

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Panama City Bch FL

City & State

Panama City Bch FL 32407

4. FEI Number

59-3190691

Applied For

Not Applicable

Zip

32407

Country

U.S.

Zip

32407

Country

U.S.

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MCDONALD, ELEANOR S
919 PELICAN PL
PANAMA CITY BEACH FL 32407

7. Name and Address of New Registered Agent

Name Jim Petski

Street Address (P.O. Box Number is Not Acceptable)

913 N. Beach Way

City Panama City Beach

FL

Zip Code

32407

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.

SIGNATURE *Jim Petski*

Jim Petski, President

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

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE PD/T
NAME MCDONALD, ELEANOR
STREET ADDRESS 919 PELICAN PL
CITY-ST-ZIP PANAMA CITY BEACH FL ☒ Delete

TITLE SD
NAME NEIL, FRED
STREET ADDRESS 921 PELICAN PL
CITY-ST-ZIP PANAMA CITY BEACH FL ☒ Delete

TITLE VD
NAME STHROME, DON
STREET ADDRESS 902 PELICAN PL
CITY-ST-ZIP PANAMA CITY BEACH FL ☐ Delete

TITLE VP
NAME BARROW, JIM
STREET ADDRESS 934 PELICAN PL
CITY-ST-ZIP PANAMA CITY Bch FL ☒ Delete

TITLE S
NAME RANERG, MELINDA
STREET ADDRESS 900 PELICAN PL
CITY-ST-ZIP PANAMA CITY Bch FL ☒ Delete

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD
NAME Jim Petski
STREET ADDRESS 913 N. Beach Way
CITY-ST-ZIP Panama City Beach FL 32407 ☐ Change ☒ Addition

TITLE VD
NAME J.R. Walters
STREET ADDRESS 900 N. Beach Way
CITY-ST-ZIP Panama City Beach FL 32407 ☐ Change ☒ Addition

TITLE D
NAME Don Sthrome
STREET ADDRESS 902 Pelican Pl.
CITY-ST-ZIP Panama City Beach FL 32407 ☒ Change ☐ Addition

TITLE TD
NAME Greg Driskell
STREET ADDRESS 903 N. Beach Way
CITY-ST-ZIP Panama City Beach FL 32407 ☐ Change ☒ Addition

TITLE D
NAME Debbie Driskell
STREET ADDRESS 903 N. Beach Way
CITY-ST-ZIP Panama City Beach FL 32407 ☐ Change ☒ Addition

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 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.

SIGNATURE: *Don Sthrome* REQUIRED Don Sthrome, Director

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)