

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 16, 2004 8:00 am
Secretary of State

02-16-2004 90057 043 ****61.25

DOCUMENT # N24808

1. Entity Name

NORTH BEACH ESTATES OWNERS' ASSOCIATION, INC.



Principal Place of Business

**919 PELICAN PL
PANAMA CITY BEACH FL 32407
US**

Mailing Address

**919 PELICAN PL
PANAMA CITY BEACH FL 32407
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

MOORE

CR2E037 (11/03)

4. FEI Number

59-3190691

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**MCDONALD, ELENOR S
919 PELICAN PL
PANAMA CITY BEACH FL 32407**

7. Name and Address of New Registered Agent

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 May 1, 2004**

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 **TD** ☒ Delete
NAME **MCDONALD, ELEANOR**
STREET ADDRESS **919 PELICAN PL**
CITY-ST-ZIP **PANAMA CITY BEACH FL 32407**

TITLE **TD** ☒ Delete
NAME **CRICHTON, JOAN**
STREET ADDRESS **916 PELICAN PL**
CITY-ST-ZIP **PANAMA CITY BEACH FL 32407**

TITLE **PD** ☒ Delete
NAME **DUCAN, C**
STREET ADDRESS **909 PELICAN PL**
CITY-ST-ZIP **PANAMA CITY BEACH FL 32407**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☒ Change ☐ Addition
NAME **MCDONALD, ELEANOR**
STREET ADDRESS **919 PELICAN PL**
CITY-ST-ZIP **PANAMA CITY BEACH FL 32407**

TITLE **TD** ☐ Change ☒ Addition
NAME **SONI BARROW**
STREET ADDRESS **909 PELICAN PL.**
CITY-ST-ZIP **PANAMA CITY, FL 32407**

TITLE **TD** ☐ Change ☒ Addition
NAME **ROB ROYACK**
STREET ADDRESS **917 PELICAN PL.**
CITY-ST-ZIP **PANAMA CITY, FL 32407**

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

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: *Eleanor S McDonald P/O*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-10-04 (850) 236-0378
Date Daytime Phone #