

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 26, 2005 8:00 am
Secretary of State

01-26-2005 90015 016 ****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**

40007019



1st MOORE

CR2E037 (10/04)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3190691

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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

Eleanor S McDonald

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, 2005**

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	PD	<input type="checkbox"/> Delete
NAME	MCDONALD, ELEANOR	
STREET ADDRESS	919 PELICAN PL	
CITY-ST-ZIP	PANAMA CITY BEACH FL 32407	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	BARROW, JONI	
STREET ADDRESS	909 PELICAN PL.	
CITY-ST-ZIP	PANAMA CITY BEACH FL 32407	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	ROYACK, ROB	
STREET ADDRESS	917 PELICAN PL.	
CITY-ST-ZIP	PANAMA CITY BEACH FL 32407	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	TO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCDONALD ELEANOR	
STREET ADDRESS	919 PELICAN PL	
CITY-ST-ZIP	PANAMA CITY BEACH FL 32407	
TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KIMBELL JOY	
STREET ADDRESS	921 PELICAN PL.	
CITY-ST-ZIP	PANAMA CITY BEACH FL 32407	
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KIMBELL JOHN	
STREET ADDRESS	921 PELICAN PL	
CITY-ST-ZIP	PANAMA CITY BEACH FL 32407	
TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JASON MURRY	
STREET ADDRESS	916 PELICAN PL.	
CITY-ST-ZIP	PANAMA CITY BEACH FL 32407	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BARROW SIM	
STREET ADDRESS	910 PELICAN PL.	
CITY-ST-ZIP	PANAMA CITY BEACH FL 32407	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-19-05 (850) 236-8378

Date Daytime Phone #