

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 15, 2003 8:00 am**  
**Secretary of State**

01-15-2003 90300 027 \*\*\*\*61.25

**DOCUMENT # N24808**

1. Entity Name

**NORTH BEACH ESTATES OWNERS' ASSOCIATION, INC.**



Principal Place of Business

**913 N BEACH WAY  
PANAMA CITY BEACH FL 32407  
US**

Mailing Address

**913 N BEACH WAY  
PANAMA CITY BEACH FL 32407  
US**

**60007073**

2. Principal Place of Business

**919 PELICAN PL.**

3. Mailing Address

**919 PELICAN PL.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**PANAMA CITY BEACH, FL.**

City & State

**PANAMA CITY BEACH, FL.**

Zip

Country

Zip

Country

**32407**

**USA**

**32407**

**USA**

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

**JIM, PETSKI  
913 N BEACH WAY  
PANAMA CITY BEACH FL 32407**

7. Name and Address of New Registered Agent

Name **ELEANOR S. McDONALD**  
Street Address (P.O. Box Number is Not Acceptable)  
**919 PELICAN PL.**  
**PANAMA CITY BEACH**  
City **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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **Eleanor S. McDonald** YD

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**1-14-03**

**FILE NOW: FEE IS \$61.25**

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 checked="" type="checkbox"/> Delete
NAME	JIM, PETSKI	
STREET ADDRESS	913 N BEACHWAY	
CITY-ST-ZIP	PANAMA CITY BEACH FL 32407	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	JR, WALTERS	
STREET ADDRESS	900 N BEACH WAY	
CITY-ST-ZIP	PANAMA CITY BEACH FL 32407	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	STHROME, DON	
STREET ADDRESS	902 PELICAN PL	
CITY-ST-ZIP	PANAMA CITY BEACH FL 32407	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	GREG, DRISKELL	
STREET ADDRESS	903 N BEACHWAY	
CITY-ST-ZIP	PANAMA CITY BEACH FL 32407	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	DEBBIE, DRISKELL	
STREET ADDRESS	903 N BEACHWAY	
CITY-ST-ZIP	PANAMA CITY BEACH FL 32407	
TITLE		<input checked="" type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	C. DUNCAN	
STREET ADDRESS	909 PELICAN PL.	
CITY-ST-ZIP	PANAMA CITY BEACH FL 32407	
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ELEANOR S. McDONALD	
STREET ADDRESS	919 PELICAN PL.	
CITY-ST-ZIP	PANAMA CITY BEACH FL 32407	
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOAN CRICHTON	
STREET ADDRESS	916 PELICAN PL.	
CITY-ST-ZIP	PANAMA CITY FL 32407	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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** 1-14-03 (850) 236-0378

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/02)