

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**


FILED
Mar 28, 2008 8:00 am
Secretary of State

03-28-2008 90021 006 ****61.25

DOCUMENT # N26244

1. Entity Name

THE PANAMA CITY BEACH SURF CLUB OWNERS ASSOCIATION, INC.



Principal Place of Business Mailing Address

**8517 SURF DRIVE
UNIT 203
PANAMA CITY BEACH FL 32408** **8517 SURF DRIVE
UNIT 203
PANAMA CITY BEACH FL 32408**



2. Principal Place of Business - No P.O. Box # 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

1st MOORE CR2E037 (10/07)

4. FEI Number Applied For

59-3165515 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**CARMICHAEL, BARBARA R
8517 SURF DRIVE
PANAMA CITY BEACH FL 32408**

7. Name and Address of New Registered Agent

Name: **Richard H. Britt**

Street Address (P.O. Box Number is Not Acceptable): **8517 SURF DRIVE UNIT 201**

City: **PANAMA CITY BEACH** FL Zip Code: **32408**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW: FEE IS \$61.25
Due By May 1, 2008**

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	STD	<input type="checkbox"/> Delete
NAME	WILLIS, CAROL A MRS	
STREET ADDRESS	426 N BROAD ST	
CITY-ST-ZIP	BAINBRIDGE GA 39817	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	CARMICHAEL, BARBARA	
STREET ADDRESS	8517 SURF DRIVE-UNIT 203	
CITY-ST-ZIP	PANAMA CITY BEACH FL 32408	
TITLE	PD	<input type="checkbox"/> Delete
NAME	BRITT, RICHARD	
STREET ADDRESS	6101 GARRETT RD 8517 SURF DRIVE 201	
CITY-ST-ZIP	MIDLAND GA 31820 PANAMA CITY BEACH, FLA 32408	
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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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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 exemptions contained in Section 119, 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: Richard H. Britt **Richard H. Britt** **March 7, 2008** **706 575 4490**