

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N93000005116 (9)

1. Corporation Name

PEACHTREE PLACE MASTER ASSOCIATION, INC.



Principal Place of Business

Mailing Address

**515 EAST BEACH DRIVE
PANAMA CITY FL 32401**

**515 EAST BEACH DRIVE
PANAMA CITY FL 32401**

3. Date Incorporated or Qualified

11/15/1993

3a. Date of Last Report

04/20/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-3212415

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

City & State

City & State

23

28

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

Zip

Country

Zip

Country

24

25

29

30

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BLUE, ROB JR
221 MCKENZIE AVENUE
PANAMA CITY FL**

B1 Name

B2 Street Address (P.O. Box Number Is Not Acceptable)

B3

B4 City

FL

B5 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD** ☐ DELETE
NAME **BAILEY, RODDIE F**
STREET ADDRESS **515 EAST BEACH DRIVE**
CITY-ST-ZIP **PANAMA CITY FL 32401**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE **STD** ☒ DELETE
NAME **BAILEY, JUDITH**
STREET ADDRESS **515 EAST BEACH DRIVE**
CITY-ST-ZIP **PANAMA CITY FL 32401**

2.1 TITLE **STD** ☐ Change ☒ Addition
2.2 NAME **OLIVER, PAULA A.**
2.3 STREET ADDRESS **3510 Linda Lane**
2.4 CITY-ST-ZIP **PANAMA CITY, FL 32404**

TITLE **D** ☒ DELETE
NAME **MOORE, BENNY K**
STREET ADDRESS **13911 BACK BEACH ROAD, BOX 327**
CITY-ST-ZIP **PANAMA CITY BEACH FL 32413**

3.1 TITLE **D** ☐ Change ☒ Addition
3.2 NAME **HINKLE LARRY E.**
3.3 STREET ADDRESS **17680 FRONT BEACH Rd UNIT B205**
3.4 CITY-ST-ZIP **PANAMA CITY BEACH, FL 32413**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

27 April 96 (904) 233-7466
Date Daytime Phone #

CR2E037 (12/95)