

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2007 8:00 am
Secretary of State

01-17-2007 90054 011 ****61.25

DOCUMENT # N95000001641

1. Entity Name
LONG BEACH RESORT COMMUNITY ASSOCIATION, INC.



Principal Place of Business
**10511 FRONT BEACH ROAD
PANAMA CITY BEACH, FL 32407**

Mailing Address
**PO BOX 9622
PANAMA CITY BEACH, FL 32417**

60002316



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

01032007 Chg-NP CR2E037 (12/06)

4. FEI Number
59-3383102

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**NEWMAN, RAY
348 MIRCLE STRIP PARKWAY
PARADISE VILLAGE, SUITE 7
DESTIN, FL 32548**

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

**Filing Fee is \$61.25
Due by May 1, 2007**

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 **D** ☒ Delete
NAME **CAIN, MICHAEL**
STREET ADDRESS **1303 MAINE AVE**
CITY-ST-ZIP **LYNN HAVEN, FL 32444**

TITLE **DV** ☐ Delete
NAME **KELLEY, DAVID**
STREET ADDRESS **61551 BREMAN HWY**
CITY-ST-ZIP **MISHAWAKA, IN 46544**

TITLE **TD** ☐ Delete
NAME **CLINKSCALES, KIMBERLY S**
STREET ADDRESS **10515 FRONT BEACH ROAD 3-101**
CITY-ST-ZIP **PANAMA CITY BEACH, FL 32407**

TITLE **D** ☒ Delete
NAME **HARDAGE, TIMOTHY**
STREET ADDRESS **1731 JULIAN DR**
CITY-ST-ZIP **WATKINSVILLE, GA 30677**

TITLE **DP** ☐ Delete
NAME **TROHA, JOHN M**
STREET ADDRESS **2313 MOUNTAIN OAKS LANE**
CITY-ST-ZIP **BIRMINGHAM, AL 35226**

TITLE **DS** ☐ Delete
NAME **THIEMANN, HANS H**
STREET ADDRESS **1953 LAKE MIONA DRIVE**
CITY-ST-ZIP **LADY LAKE, FL 32162**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Change ☒ Addition
NAME **PAT SCHULZ**
STREET ADDRESS **10513 FRONT BEACH RD UNIT 2-604**
CITY-ST-ZIP **PANAMA CITY BEACH, FL 32407**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Change ☒ Addition
NAME **W.C. NELSON**
STREET ADDRESS **2075 ALLISON RD**
CITY-ST-ZIP **BLAIRSTOWN, GA 30512**

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 exemptions contained in Chapter 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:

[Signature] - **PRESIDENT**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-6-07

Date

205-257-4524

Daytime Phone #