

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2006 8:00 am
Secretary of State

04-12-2006 90106 028 ****61.25

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1. Entity Name
THE SUMMIT AT TOPS'L OWNERS ASSOCIATION, INC.



Principal Place of Business
**515 TOPS'L BCH BLVD
DESTIN, FL 32550 US**

Mailing Address
**9001 HIGHWAY 98 W
DESTIN, FL 32550 US**

00011447



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04062006 Chg-NP CR2E037 (11/05)

City & State

City & State

4. FEI Number
59-3406281

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

**NEWMAN, RAYMOND F JR.
348 MIRACLE STRIP PARKWAY
SUITE 7
FORT WALTON BEACH, FL 32548**

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, 2006**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**ST
SCHNELLE, RICHARD
515 TOPS 'L BEACH BLVD
DESTIN, FL 32550** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VPD
JOHNSON, WADE
3904 BRIARGLEN CT.
ATLANTA, GA 30340** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
SULLIVAN, BILL
13076 CONGRESS LAKE AVE.
HARTVILLE, OH 44632** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
HUGHES, RICHARD
701 MARKET ST., STE 1510
ST LOUIS, MO 63101** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
CANNON, BETTY
3001 MELODY LN.
NASHVILLE, TN 37214** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SD
DIETZ, DIANE
615 ALVARADO LANE NORTH
MINNEAPOLIS, MN 55447** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**RAY MUSTON
267 E. GRANTVIEW DRIVE
CORALVILLE, IA 52241** ☐ Change ☒ Addition

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:

Richard A. Schnelle, Treasurer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-6-06
Date

850-622-9734
Daytime Phone #

Richard A. Schnelle