

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2000 8:00 am
Secretary of State

05-22-2000 90037 010 ****61.25

DOCUMENT # N96000004618
1. Entity Name
 SUMMERWOOD AT PANAMA CITY BEACH HOMEOWNERS ASSOC., INC.

Principal Place of Business 7900 GLADES RD SUITE 200 BOCA RATON FL 33434	Mailing Address 7900 GLADES RD SUITE 200 BOCA RATON FL 33434
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2. Principal Place of Business 415 BECKRICH RD Suite, Apt. #, etc. SUITE 350	3. Mailing Address 1096 OLD HWY 98 Suite, Apt. #, etc. SUITE C102B
City & State PANAMA CITY BEACH FL	City & State DESTIN FL
Zip 32407	Country USA
Zip 32541	Country USA

4. FEI Number 59-3401099 **Applied For**
☐ **Not Applicable**

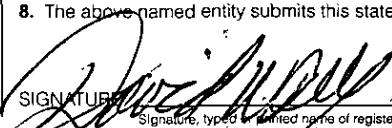
5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
 BARIC, JOHN
 7900 GLADES RD
 STE 200
 BOCA RATON FL 33434

7. Name and Address of New Registered Agent
 Name: DAVID W. BELL
 Street Address (P.O. Box Number is Not Acceptable)
 1096 OLD HWY 98, STE C102B
 City: DESTIN FL Zip Code: 32541

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.

SIGNATURE:  DAVID W. BELL, AGENT 04-04-00
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST HOWELL, LEWIS 2405 JENKS AVENUE PANAMA CITY FL 32405 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RESTER, JIM 2405 JENKS AVENUE PANAMA CITY FL 32405 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DUKE, DOUG 2405 JENKS AVENUE PANAMA CITY FL 32405 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST Z <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P.D VALDER, STEVEN 415 BECKRICH RD STE 350 PANAMA CITY BEACH FL 32407 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S D MARKWELL, RAY 415 BECKRICH RD, STE 350 PANAMA CITY BEACH FL 32407 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STULL, JIM 415 BECKRICH RD D PANAMA CITY BEACH FL 32444 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  **478-00 850-654-1818**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)