

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 18, 2001 8:00 am**  
**Secretary of State**  
 04-18-2001 90113 030 \*\*\*\*61.25

**DOCUMENT # N96000004618**

1. Entity Name

**SUMMERWOOD AT PANAMA CITY BEACH HOMEOWNERS ASSOC**

Principal Place of Business

Mailing Address

**415 BECKRICH RD  
 STE 350  
 PANAMA CITY BEACH FL 32407  
 US**

**1096 OLD HWY 98  
 STE C102B  
 DESTIN FL 32541  
 US**

2. Principal Place of Business  
**1096 OLD HWY 98**

3. Mailing Address  
**1096 OLD HWY 98**

Suite, Apt. #, etc.  
**SUITE C102B**

Suite, Apt. #, etc.  
**SUITE C102B**

City & State  
**DESTIN FL**

City & State  
**DESTIN FL**

Zip  
**32550**

Country  
**US**

Zip  
**32550**

Country  
**US**

4. FEI Number  
**59-3401099**

Applied For  
 Not Applicable

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

**BELL, DAVID W  
 1096 OLD HWY 98  
 STE C102B  
 DESTIN FL 32541**

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code **32550**

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**

**3-25-01**

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. ☐ **\$5.00** May Be Added to Fees

**Make Check Payable to  
 Department of State**

## 10. OFFICERS AND DIRECTORS

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST NADLER, STEVEN 2800 SOUTH HWY 77 LYNN HAVEN FL 32444	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARKWELL, RAY 137 COTTONWOOD CIR LYNN HAVEN FL 32444	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV DUKE, DOUG 2800 SOUTH HWY 77 LYNN HAVEN FL 32444	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RESTER, JAMES M 1701 TOWN CENTER SUITE 201 1701 East C-30A SANTA ROSA BEACH FL 32459	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KAELIN, CHRISTOPHER 315 SUMMERWOOD DR PANAMA CITY BEACH FL 32413	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TAYLOR, JAMES 108 LOLOLOLY CT PANAMA CITY BEACH FL 32413	<input type="checkbox"/> Change <input checked="" 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 information empowered.

SIGNATURE:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/28/01 850-231-6555**

Date

Daytime Phone #

CR2E037 (10/00)