

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 25, 2002 8:00 am
Secretary of State

03-25-2002 90082 025 ****61.25

DOCUMENT # N96000004618

1. Entity Name

SUMMERWOOD AT PANAMA CITY BEACH HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

~~1096 OLD HWY 98~~
~~STE C-102B~~
~~DESTIN FL 32550~~
~~US~~

~~4096 OLD HWY 98~~
~~STE C-102B~~
~~DESTIN FL 32550~~
~~US~~

2. Principal Place of Business

1096 Scenic Gulf Drive
GRAND SHORES MANAGEMENT

Suite, Apt. #, etc.

C-102B

City & State

DESTIN, FL

Zip

32550

Country

USA

3. Mailing Address

1096 Scenic Gulf Drive

Suite, Apt. #, etc.

C-102B

City & State

DESTIN, FL

Zip

32550

Country

USA



DO NOT WRITE IN THIS SPACE

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

BELL, DAVID W

1096 OLD HWY 98
STE C102B
DESTIN FL 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

[Signature]

(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 **DST** ☐ Delete
NAME **NADLER, STEVEN**
STREET ADDRESS **2800 SOUTH HWY 77**
CITY-ST-ZIP **LYNN HAVEN FL 32444**

TITLE ☐ Change ☐ Addition
NAME ~~XXXXXXXXXXXXXXXXXXXX~~
STREET ADDRESS ~~XXXXXXXXXXXXXXXXXXXX~~
CITY-ST-ZIP ~~XXXXXXXXXXXX~~

TITLE **D** ☐ Delete
NAME **MARKWELL, RAY**
STREET ADDRESS **137 COTTONWOOD CIRCLE**
CITY-ST-ZIP **LYNN HAVEN FL 32444**

TITLE **D** ☐ Change ☒ Addition
NAME **SPINKS, PAT**
STREET ADDRESS **204 Beechwood Lane**
CITY-ST-ZIP **Panama City Beach, FL 32413**

TITLE **DV** ☐ Delete
NAME **DUKE, DOUG**
STREET ADDRESS **2800 SOUTH HWY 77**
CITY-ST-ZIP **LYNN HAVEN FL 32444**

TITLE **DP** ☐ Change ☒ Addition
NAME **GREENE, WM. BRITTON**
STREET ADDRESS **Arvida Exec. Off. @ Watercolor**
CITY-ST-ZIP **1701 East County Hwy 30-A, Suite 201 Santa Rosa Beach, FL 32459**

TITLE **PD** ☒ Delete
NAME **RESIER, JAMES M**
STREET ADDRESS **1701 TOWN CENTER STE 201 EAST C-30A**
CITY-ST-ZIP **SANTA ROSA BEACH FL 32459**

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

TITLE **D** ☐ Delete
NAME **KELIN, CHRISTOPHER**
STREET ADDRESS **315 SUMMERWOOD DRIVE**
CITY-ST-ZIP **PANAMA CITY FL 32413**

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

TITLE **D** ☒ Delete
NAME **TAYLOR, JAMES**
STREET ADDRESS **108 LOBLOLLY CT**
CITY-ST-ZIP **PANAMA CITY FL 32413**

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 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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/24/02

Date

Daytime Phone #

CR2E037 (9/01)