

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
 AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
Aug 03, 1999 8:00 am
Secretary of State

08-03-1999 90007 042 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N98000004331

1. Corporation Name

WOODRUN OF BAY COUNTY HOMEOWNERS ASSOCIATION, IN C.

Principal Place of Business

2405 JENKS AVENUE
 PANAMA CITY FL 32405

Mailing Address

2405 JENKS AVENUE
 PANAMA CITY FL 32405



2. Principal Place of Business

21 **415 Beekmant Road**

Suite, Apt. #, etc.

22 **Suite 350**

City & State

23 **Panama City, Florida**

Zip

24 **32407**

Country

25 **USA**

2a. Mailing Address

26 **415 Beekmant Road**

Suite, Apt. #, etc.

27 **Suite 350**

City & State

28 **Panama City, FL**

Zip

29 **32407**

Country

30 **USA**

3. Date Incorporated or Qualified

07/27/1998

4. FEI Number

65-0853288

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing

Trust Fund Contribution

\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

BARIC, JOHN
7900 GLADES ROAD
SUITE 200
BOCA RATON FL 33434

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD DELETE

NAME **RESTER, JIM**
 STREET ADDRESS **2405 JENKS AVENUE**
 CITY-ST-ZIP **PANAMA CITY FL 32405**

TITLE VD DELETE

NAME **HOWELL, LEWIS**
 STREET ADDRESS **2405 JENKS AVENUE**
 CITY-ST-ZIP **PANAMA CITY FL 32405**

TITLE STD DELETE

NAME **DUKE, DOUG**
 STREET ADDRESS **2405 JENKS AVENUE**
 CITY-ST-ZIP **PANAMA CITY FL 32405**

TITLE DELETE

NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE DELETE

NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE DELETE

NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE Change Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE Change Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE Change Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE Change Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE Change Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

JIM RESTER, PRES.

7/26/99

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/99)