

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
May 08, 1999 8:00 am
Secretary of State

05-08-1999 90072 040 ****61.25

DOCUMENT # N98000005409

1. Corporation Name

**THE GROVES OF PANAMA CITY BEACH OWNERS ASSOCIATI
ON, INC.**

Principal Place of Business

7205 THOMAS DR.E1203
PANAMA CITY BEACH FL 32408

Mailing Address

7205 THOMAS DR.E1203
PANAMA CITY BEACH FL 32408



2. Principal Place of Business

21 **4123 Nance Drive**
Suite, Apt. #, etc.

2a. Mailing Address

26 **4123 Nance Drive**
Suite, Apt. #, etc.

3. Date Incorporated or Qualified

09/17/1998

4. FEI Number

Applied For

☒ 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

City & State

23 **Panama City Beach FL**

City & State

28 **Panama City Beach FL**

Zip

24 **32408**

Country

25 **USA**

Zip

29 **32408**

Country

30 **USA**

9. Name and Address of Current Registered Agent

**APPLEBAUM, STEVEN L
9108 FRONT BEACH RD.
PANAMA CITY BEACH FL 32407**

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 ☐ DELETE

NAME **PD
ADAMS, ROBERT**
STREET ADDRESS **7205 THOMAS DR.,E1203**
CITY-ST-ZIP **PANAMA CITY BEACH FL 32408**

TITLE ☐ DELETE

NAME **STD
ADAMS, TERRY**
STREET ADDRESS **7205 THOMAS DR.,E1203**
CITY-ST-ZIP **PANAMA CITY BEACH FL 32408**

TITLE ☐ DELETE

NAME **VPD
MILLER, GREGG**
STREET ADDRESS **7205 THOMAS DR.,E1203**
CITY-ST-ZIP **PANAMA CITY BEACH FL 32408**

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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-22-99

Date

850-230-9711

Daytime Phone #

CR2E037 (11/98)