

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 06, 2000 8:00 am
Secretary of State

06-06-2000 90006 039 ****61.25

DOCUMENT # N98000005409

1. Entity Name

THE GROVES OF PANAMA CITY BEACH OWNERS ASSOCIATI

Principal Place of Business

Mailing Address

4123 NANCCE DRIVE
 PANAMA CITY BEACH FL 32408

4123 NANCCE DRIVE
 PANAMA CITY BEACH FL 32408-6112

2. Principal Place of Business

4123 NANCCE DRIVE

3. Mailing Address

4123 NANCCE DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Panama City Beach FL

City & State

Panama City Beach FL

4. FEI Number

99-3362089
APPLIED FOR

Applied For

Not Applicable

Zip

32408

Country

USA

Zip

32408

Country

USA

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

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

Name

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

City

FL

Zip Code

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, 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	PD	<input type="checkbox"/> Delete
NAME	ADAMS, ROBERT	
STREET ADDRESS	7205 THOMAS DR.,E1203	
CITY-ST-ZIP	PANAMA CITY BEACH FL 32408	
TITLE	STD	<input type="checkbox"/> Delete
NAME	ADAMS, TERRY	
STREET ADDRESS	7205 THOMAS DR.,E1203	
CITY-ST-ZIP	PANAMA CITY BEACH FL 32408	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	MILLER, GREGG	
STREET ADDRESS	7205 THOMAS DR.,E1203	
CITY-ST-ZIP	PANAMA CITY BEACH FL 32408	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	FD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Adams, Robert	
STREET ADDRESS	4123 NANCCE DRIVE	
CITY-ST-ZIP	Panama City Beach FL 32408	
TITLE	STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Terry Adams	
STREET ADDRESS	4123 NANCCE DRIVE	
CITY-ST-ZIP	Panama City Beach FL 32408	
TITLE	VPD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Miller, Gregg	
STREET ADDRESS	4123 NANCCE DRIVE	
CITY-ST-ZIP	Panama City Beach FL 32408	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 Required
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-00

Date

850-230-9711

Daytime Phone #

CR2E037 (9/99)