

**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Jul 08, 2005  
Secretary of State**

DOCUMENT# N98000005409

**Entity Name:** THE GROVES OF PANAMA CITY BEACH OWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

389 WAHOO ROAD  
PANAMA CITY BEACH, FL 32408

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 27309  
PANAMA CITY BEACH, FL 32411

**New Mailing Address:**

**FEI Number:** 94-3362084      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD      ( ) Delete  
Name: ADAMS, ROBERT  
Address: P.O. BOX 27309  
City-St-Zip: PANAMA CITY BEACH, FL 32411

Title: STD      ( ) Delete  
Name: ADAMS, TERRY  
Address: P.O. BOX 27309  
City-St-Zip: PANAMA CITY BEACH, FL 32411

Title: VPD      ( ) Delete  
Name: MILLER, GREGG  
Address: P.O. BOX 27309  
City-St-Zip: PANAMA CITY BEACH, FL 32411

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT ADAMS

PD

07/08/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date