## **2005 FOR PROFIT CORPORATION**

## **ANNUAL REPORT** DOCUMENT # P02000114934 1. Entity Name

RESORT ASSOCIATION MANAGEMENT, INC.



FILED
May 04, 2005 8:00 am
Secretary of State
05-04-2005 90180 011 \*\*\*158.75

						1	<u> Trisi</u>								
Principal Place of Business				Mailing Address											
1002 W. 23RD STREET				1002 W. 23RD STREET								P A			
SUITE 400			SUITE 400									- 50	0481	41	
PANAMA CITY, FL 32405				PANAMA CITY, FL 32405											
O. Discipation of David				1 0 Marilian Address											
2. Principal Place of Business				3. Mailing Address											
Suite, Apt. #, etc.				Suite, Apt. #, etc.				0.4000				000-			
			<u></u>					04292	005	Chg-P		CH2E0	34 (10/03)		
City & State			City & State					4. FEIN					Ap	plied For	
								01-	.0752	128			No	t Applicable	
Zip Country			Zip Count			ntry		5. Certi	ficate of	Status De	sired		<b>\$8.75</b> Add Fee Require		
6. Name and Address of Current				red Agent	Γ	7. Name and Address of New Registered Agent									
							Name								
PIPPIN, LAURETTA								No /P.O. Pay Number in Not Acceptable							
1002 W. 23RD STREET SUITE 400				Street Addres				ess (P.O. Box Number is Not Acceptable)							
PANAMA CITY, FL 32405															
	<b>,</b>					City							Zip Cod		
												FL	'		
8. The above the obligat	named entity ions of registe	submits this statement for ered agent.	r the pu	rpose of changing its	register	ed office of	r registere	ed agent,	or both,	in the Sta	te of Flori	ida. I am f	amiliar with,	and accept	
SIGNATURE_	Signature, typed o	or printed name of registered agent a	od title it a	nnlicable (NOTE	Remistere	d Agent signat	ure required	uthon rainetal	tina)			DATE			
					. riegiaio-e	a rigon signat	are required	morrienta.	)**\ <b>9</b> /			DATE			
FIL	E NOWIII	FEE IS \$150.00		9. Election Campai	gn Finai	ncing	\$5.	00 May (	Be						
		Fee will be \$550.0	00	Trust Fund Cont	ribution.			d to Fees							
10.		OFFICERS AND I	DIRECT	ORS	11.			ADDITI	IONS/CI	HANGES	רט טבביכ	PERS AND	DIRECTOR	S INL 1.1	
TITLE	D Delete TITL							ADDIT	011070	ANGES	OTTIC	DELIO AND	☐ Change	Addition	
NAME	CHAPMAN	CHAPMAN, JOSEPH F III											Onlings		
STREET ADDRESS	1002 W. 23RD STE 400				EET ADDRESS	1									
CITY-ST-ZIP	PANAMA CITY, FL 32405			CITY			}								
TITLE	Р	∑ Delete				E							☐ Change	Addition	
NAME	1	JOHNSTON, ROBERT F			NAM	IÉ									
STREET ADDRESS	1002 W. 23RD ST STE 400			STRE			l								
CITY-\$T-ZIP	PANAMA CITY, FL 32405			CITY			<u> </u>								
TITLE	V CHAPMAN, JOSEPH F			☐ Delete TITI			V						Change	Addition	
NAME Street address	· ·			NAM STRI						EPH F					
CITY-ST-ZIP	1			CITY						ST.,					
TITLE	VT			☐ Delete	TITL			MA C	ITY,	FL	<del>3240</del> 5	5	₹ Channe	Addition	
NAME	BARR, JIM	IMY D		□ Delete	NAM		PT						₹71 cumple	☐ ¥00111611	
STREET ADDRESS	DDRESS 1002 W. 23RD ST. STE 400			STRE			BARR	t, JII	MMY 1	D					
CITY-ST-ZIP	PANAMA CITY, FL 32405				CITY	-\$T-ZIP	1002	W. :	23RD	ST.,	STE.	400			
TITLE	s			☐ Delete	TITL	E	PANA	MA C	ITY,	FL	32405	5	☐ Change	☐ Addition	
NAME	PIPPIN, LA	NURETTA J			NAM	E									
STREET ADDRESS 1002 W. 23RD ST. STE 400						ET ADORESS	]								
CITY-ST-ZIP	PANAMA (	CITY, FL 32405			CITY	-ST-ZIP									
1IITLE				☐ Delete	TITL								☐ Change	☐ Addition	
NAME -					NAM										
STREET ADDRESS CITY-ST-ZIP						ET ADORESS -ST-ZIP								į	
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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 receiven or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attackment with an address, with all other like empowered.

SIGNATURE

OFFICER OR DIRECTOR

Lauretta J. Pippin, Secretary

4/25/05

(850) 769-8981

Date

Daytime Phone #