

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Apr 01, 1999 8:00 am
Secretary of State

04-01-1999 90054 032 ***150.00

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1. Corporation Name

THE ARBOURS APARTMENTS OF PANAMA CITY, INC.

Principal Place of Business

727 W 11TH ST
PANAMA CITY FL 32401

Mailing Address

P O BOX 27724
PANAMA CITY FL 32411

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/12/1996

4. FEI Number

59-3414641

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

8. This corporation owes the current year Intangible
Personal Property Tax.

☐ Yes

☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

COBB, NANCEE B
727 W 11TH ST
PANAMA CITY FL 32401

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 607.0502 and 607.1508, 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 607.0505, 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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE

NAME BODEN, ALVIN
STREET ADDRESS P O BOX 27474 N/A
CITY-ST-ZIP PANAMA CITY FL 32411

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME Boden, Alvin
1.3 STREET ADDRESS 2101 Tremont Trail
1.4 CITY-ST-ZIP Panama City, FL 32405

TITLE D ☐ DELETE

NAME BODEN, DOROTHY P
STREET ADDRESS P O BOX 27474 N/A
CITY-ST-ZIP PANAMA CITY FL 32411

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME Boden, Dorothy
2.3 STREET ADDRESS 2101 Tremont Trail
2.4 CITY-ST-ZIP Panama City, FL 32405

TITLE D ☐ DELETE

NAME BODEN, DAN A
STREET ADDRESS P O BOX 16695 N/A
CITY-ST-ZIP PANAMA CITY FL 32406

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME Boden, Dan
3.3 STREET ADDRESS 2105 Tremont Trail
3.4 CITY-ST-ZIP Panama City, FL 32405

TITLE D ☐ DELETE

NAME COBB, RONALD M
STREET ADDRESS P O BOX 27727 N/A
CITY-ST-ZIP PANAMA CITY FL 32411

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE D ☐ DELETE

NAME COBB, NANCEE B
STREET ADDRESS P O BOX 27727 N/A
CITY-ST-ZIP PANAMA CITY FL 32411

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
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 607, 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:

Nancee B Cobb
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/30/99
Date

850-785-3434
Daytime Phone #

CR2E034 (11/98)