FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT
1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N03340 (9)

1. Corporation Name
SANDY CREEK AIRPARK OWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
12901 PARK WAY PANAMA CITY FL 32404 US	12901 PARK WAY PANAMA CITY FL 32404 US

3. Date Incorporated or Qualified: 05/30/1984
3a. Date of Last Report: 06/20/1995

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / 29
Country — 25 / 30

4. FEI Number: 59-2637709 ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

EPLER, BRANSON
1-C AIRWAY
PANAMA CITY FL 32404

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable) [illegible]
83
84 City P 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	KILLIAN, JOHNE		1.2 NAME		
STREET ADDRESS	13304 AIR WAY		1.3 STREET ADDRESS		
CITY-ST-ZIP	PANAMA CITY FL 32404		1.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	KARIBIAN LOUISE		2.2 NAME		
STREET ADDRESS	12940 PARK WAY		2.3 STREET ADDRESS		
CITY-ST-ZIP	PANAMA CITY FL 32404		2.4 CITY-ST-ZIP		
TITLE	ST	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	TURNER, RICHARD D		3.2 NAME		
STREET ADDRESS	13311 AIRWAY		3.3 STREET ADDRESS		
CITY-ST-ZIP	PANAMA CITY FL		3.4 CITY-ST-ZIP		
TITLE	DD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	EPLER, BRANSON E.		4.2 NAME		
STREET ADDRESS	4652 BROOK FOREST DRIVE		4.3 STREET ADDRESS		
CITY-ST-ZIP	PANAMA CITY FL		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	WALSH, EDWARD A.		5.2 NAME		
STREET ADDRESS	~~42 AIRWAY~~		5.3 STREET ADDRESS	13000 Air WAY	
CITY-ST-ZIP	PANAMA CITY FL		5.4 CITY-ST-ZIP		
TITLE	PD	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	O'CONNOR, ED		6.2 NAME		
STREET ADDRESS	13110 PARK WAY		6.3 STREET ADDRESS		
CITY-ST-ZIP	PANAMA CITY FL		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: Edward W O'Connor Pres. 4/22/96 904 871-4603
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (12/95)