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NONPROFIT CORPORATION **ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

FILED Feb 05 1998 8:00am Secretary of State

SANDY CREEK AIRPARK OWNERS ASSOCIATION, INC.															
Principal Plac	e of Busine		Mailing Address								,	7811 911	isi didik lab.		
12901 PARK WAY PANAMA CITY FL 32404 US					12901 PARK WAY Panama City Fl 32404 Us						Date Incorporated or Qualified 05/30/1984				
										4.	FEI Number		<u> </u>		plied For
2. Principal F	dece of Rue	inece		20	Mailing Address					_	59-2637709				t Applicable
21	INCO OI DUS		2a. Mailing Address 26						5.	Certificate of Status Desired				Additional quired	
Suite, Apt.	#, etc.		Suite, Apt. #, etc.						6.	Election Campaign Financing				fay Be	
22		_	27							, -				Fees	
City & Stat	te		City & State						7.	Is this nonprofit corporation a hor	eowne	_	ciation	1?	
23				28					_			_ No			
Zip 24	Country 26			Zip Co.			_	Country			 This corporation owes or has paid Personal Property Tax due June 3 	1	rent ye: Yes		angible] No
241	9. Name		ddress of Current		stered Agent		<u>'' </u>			10.	. Name and Address of New Regi				1140
<u> </u>						-	8	1	Name						
EPLEA.	BRANSON	1					8:	_	Ctroot Addres	/6	P.O. Box Number is Not Acceptable				
12901 P			1	DUBBL AUGIB	58 (F	P.O. Box Number is Not Acceptable	,								
PANAMA	A CITY FL					6:	3								
							84	4	City				85	Zip (Code
44.5		, ,	A			<u> </u>		Д,	·			FL	للبا	•	
l office or i	regi ste red a	aent, or	both, in the State of	of Flori	ida. Such change	was auth	horized b	ov 1	the corporatio	ratio n's t	on submits this statement for the pur board of directors. I hereby accept	pose o the app	f chang iointmer	ing its nt as	s registered registered
agent. La	am familiar v	vith, and	accept the obligat	ions o	of, Section 617.05	03, Florid	la Statute	9 S .			•				•
SIGNATURE	Signature type	d or printer	name of registered agent	and title	s if applicable	(NOTE: B	enistand &	nent	t signature required	when	n seinsteting)	DATE	 -		
12.	Olginators, type	o or parines	OFFICERS AND			(NOTE: N	13,	you	t algratore required		ADDITIONS/CHANGES TO OFFICE		DIREC	TOR	S IN 12
TITLE	D				DELE	ΓĒ	1.1 TITLE						Cha		Addition
NAME	KILLIAN	I, JOHN	łΕ				1.2 NAME								
STREET ADDRESS					1.3			1.3 STREET ADDRESS							
CITY-ST-ZIP	PANAMA CITY FL 32404						1.4 CITY-ST-ZIP								
TITLE	D				☐ DELE	ſΕ	2.1 TITLE						☐ Cha	nge	Addition
NAME	SUMNE			2.2			2.2 NAME								
STREET ADDRESS					2.3 9			2.3 STREET ADDRESS							
CITY-ST-ZIP	PANAM	A CITY	FL				2. 4 CITY	_	- ZIP						
TITLE	ST	n MA	UDD D		DELET	E	3.1 TITLE						L Cha	inge	Addition
NAME	TURNE						3.2 NAME								
STREET ADDRESS	13311 A						3.3 STREE		1						
CITY-ST-ZIP TITLE	PANAM	A UIIT	<u>rt</u>		DELET	Œ	3.4. CITY		- ZIP				Cha		Addition
	EPLFR.	RDANG	MN E		ביין הברבו	`	4.1 TITLE		İ				III UIId	ıı (ü ç	III VOUIDON
NAME STREET ADDOCCO			FOREST DRIVE				4. 2 NAMI 4.3 STREE		DODECC						
STREET ADDRESS CITY-ST-ZIP	PANAM						4.3 STREE		- ·						
TITLE	D	N OILL	1		☐ DELET	E	5.1 TITLE	_	ZIF				☐ Cha		Addition
NAME	WALSH	. EDWA	ARD A.			•	5.2 NAME		1				,		
STREET ADDRESS	13000 /					•	5.3 STREE		DDRESS						
CITY-ST-ZIP	PANAM						5.4 CITY-								
TITLE	PD	•			☐ DELET	E	6.1 TITLE		` 	-			☐ Cha	nge	Addition
NAME	O'CON	NOR. E	D				6.2 NAME							-	
STREET ADDRESS	13110 F						6.3 STREE		DDRESS						
CITY-ST-ZIP	PANAM						6.4 CITY-		· · · · · · · · · · · · · · · · · · ·						

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

1/15/90