

2014 FLORIDA NON PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000008704

Entity Name: WARRIOR BEACH RETREAT, INC.

Current Principal Place of Business:

207 SUMMERWOOD DRIVE
PANAMA CITY BEACH, FL 32413

Current Mailing Address:

207 SUMMERWOOD DRIVE
PANAMA CITY BEACH, FL 32413

FEI Number: 38-3804447

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

COPE, LINDA H
207 SUMMERWOOD DRIVE
PANAMA CITY BEACH, FL 32413 US

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: LINDA COPE

01/18/2014

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name COPE, LINDA H
Address 207 SUMMERWOOD DRIVE
City-State-Zip: PANAMA CITY BEACH FL 32413

Title VP
Name COPE, PHILIP N
Address 207 SUMMERWOOD DRIVE
City-State-Zip: PANAMA CITY BEACH FL 32413

Title DIRECTOR
Name PAPROCKI, CHARLIE
Address 116 LAIRD CIRCLE
City-State-Zip: PANAMA CITY BEACH FL 32408

Title DIRECTOR
Name BENNETT, MIKE
Address 5502 FINISTERRE DRIVE
City-State-Zip: PANAMA CITY BEACH FL 32408

Title TREASURER
Name D'AOUST, ROCH A
Address 8208 GRAND BAY BLVD
City-State-Zip: PANAMA CITY BEACH FL 32408

Title DIRECTOR
Name COPE, JONATHAN D
Address 207 SUMMERWOOD DRIVE
City-State-Zip: PANAMA CITY BEACH FL 32413

Title SECRETARY
Name PAPROCKI, JOAN
Address 116 LAIRD CIRCLE
City-State-Zip: PANAMA CITY BEACH FL 32408

I hereby 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 all other like empowered.

SIGNATURE: PHILIP COPE

VP

01/18/2014

Electronic Signature of Signing Officer/Director Detail

Date