

**2025 FLORIDA NOT FOR 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:** No

**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

01/26/2025

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            TREASURER  
Name            D'AOUST, LISA  
Address        3686 PRESERVE 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

Title            DIRECTOR  
Name            NELSON, MICHAEL RAY  
Address        2613 AVONDALE COURT  
City-State-Zip: PANAMA CITY FL 32404

*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 NOLAN COPE

01/26/2025

Electronic Signature of Signing Officer/Director Detail

Date