

**2002 UNIFORM BUSINESS REPORT (UBR)**

4/2

**FILED**  
**May 21, 2002 8:00 am**  
**Secretary of State**

04-03-2002 90178 050 \*\*\*\*61.25

**DOCUMENT # N01000003214**

1. Entity Name

**PARKWAY PLAZA OWNERS' ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

731 PENSACOLA BEACH BLVD  
 PENSACOLA BEACH FL 32561

731 PENSACOLA BEACH BLVD  
 PENSACOLA BEACH FL 32561

**28168**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-7731385**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MOORHEAD, STEPHEN R**  
**4300 BAYOU BLVD SUITE 13**  
**PENSACOLA FL 32503**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing  
 Trust Fund Contribution.

**\$5.00** May Be  
 Added to Fees

**Make Check Payable to  
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VD	<input type="checkbox"/> Delete
NAME	COOK, KAREN	
STREET ADDRESS	731 PENSACOLA BEACH BLVD	
CITY-ST-ZIP	PENSACOLA BEACH FL 32561	D
TITLE	STD	<input type="checkbox"/> Delete
NAME	WILLIAMS, MALERY	
STREET ADDRESS	299 FT. PICKENS ROAD	
CITY-ST-ZIP	PENSACOLA BEACH FL 32561	D
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	CLARK, C. BAKER, JR.	
STREET ADDRESS	299 FT. PICKENS ROAD	
CITY-ST-ZIP	PENSACOLA BEACH FL 32561	D
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DEAN THOMPSON	
STREET ADDRESS	PRESIDENT	
CITY-ST-ZIP	947 Coronado Dr. GULF BREEZE FL 32563	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

CR2E037 (9/01)

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*C. Baker Clark*  
**C. BAKER CLARK**

**3-27-02 850-932-3586**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #