

2001 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT

**FILED**  
**Jan 13, 2004 8:00 am**  
**Secretary of State**

01-13-2004 90011 047 \*\*\*\*61.25



**DOCUMENT # N01000003214**  
1. Entity Name  
**PARKWAY PLAZA OWNERS' ASSOCIATION, INC.**

Principal Place of Business  
**731 PENSACOLA BEACH BLVD  
PENSACOLA BEACH, FL 32561**

Mailing Address  
**731 PENSACOLA BEACH BLVD  
PENSACOLA BEACH, FL 32561**

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State

City & State

Zip Country

Zip Country



01072004 Chg-NP CR2E037 (10/03)

**6. Name and Address of Current Registered Agent**

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

**7. Name and Address of New Registered Agent**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

**Make check payable to Florida Department of State**

**10. OFFICERS AND DIRECTORS**

TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	COOK, KAREN	
STREET ADDRESS	731 PENSACOLA BEACH BLVD	
CITY-ST-ZIP	PENSACOLA BEACH, FL 32561	
TITLE	STD	<input checked="" type="checkbox"/> Delete
NAME	WILLIAMS, MALERY	
STREET ADDRESS	299 FT. PICKENS ROAD	
CITY-ST-ZIP	PENSACOLA BEACH, FL 32561	
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	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	THOMPSON, DEAN	
STREET ADDRESS	947 CORANODO DR.	
CITY-ST-ZIP	GULF BREEZE, FL 32563	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE	PRES	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JOY ANASTON	
STREET ADDRESS	3059 GULF BREEZE PKWY	
CITY-ST-ZIP	GULF BREEZE, FL 32563	
TITLE	V PRES	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LONNIE LANE	
STREET ADDRESS	PO BOX 273	
CITY-ST-ZIP	GULF BREEZE, FL, 32562	
TITLE	SEC/TREAS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DEAN THOMPSON	
STREET ADDRESS	947 CORONADO DR.	
CITY-ST-ZIP	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		

12. 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 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:** Dean B Thompson **1-7-04** **850-934-3470**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Docketing Process #