2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

Mar 08, 2005 8:00 am **Secretary of State** DOCUMENT # N01000003214 03-08-2005 90160 042 ****61.25 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 3. Mailing Address 2. Principal Place of Business P. P.O. A. INC. 3037 (*3*059 Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/04) P.O. 130x 6365 GULF BREEZE PARKWAY Applied For City & State City & State 4. FEI Number GULF BREEZE , 59-3731385 GULF BREEZE, FL Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired 32563 3*256*3 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MOORHEAD, STEPHEN R Street Address (P.O. Box Number is Not Acceptable) 4300 BAYOU BLVD SUITE 13 PENSACOLA FL 32503 City 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, 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 **\$5.00** May Be Make Check Payable to Trust Fund Contribution. Due By May 1, 2005 Added to Fees Florida Department of State OFFICERS AND DIRECTORS 11 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. TITLE TITLE ☐ Change ☐ Addition ☐ Delete ANASTON, JOY NAME NAME 3059 GULF BREEZE PKWY STREET ADDRESS STREET ADDRESS **GULF BREEZE FL 32563** CITY-ST-7IP CITY-ST-7IP ☐ Change Addition TITLE Delete TITLE LANE, LONNIE NAME NAME RANDALL, BILL P.O. BOX 273 STREET ADDRESS STREET ADDRESS PO BOX 1598 **GULF BREEZE FL 32562** CITY-ST-ZIP CITY-ST-ZIP GULF BREEZE FL 32562 Change ☐ Delete TITLE ☐ Addition $\mathbf{m} \mathbf{r}$ THOMPSON, DEAN NAME 947 CORONADO DRIVE STREET ADDRESS STREET ADDRESS **GULF BREEZE FL 32563** CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Chapde ☐ Addition TITLE ☐ Defete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

FILED

<u>850-934-3470</u>