


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 21, 2006 8:00 am
Secretary of State

03-21-2006 90034 050 ****61.25

DOCUMENT # N01000003214 1. Entity Name PARKWAY PLAZA OWNERS' ASSOCIATION, INC.	
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Principal Place of Business 3037/3059 GULF BREEZE PKWY GULF BREEZE, FL 32563	Mailing Address PPOA, INC PO BOX 6365 GULF BREEZE, FL 32563
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DO NOT WRITE IN THIS SPACE



01182006 No Chg-NP CR2E037 (11/05)

4. FEI Number 59-3731385	Applied For Not Applicable
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5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

MOORHEAD, STEPHEN R
~~4300 BAYOU BLVD SUITE 13~~ 25 W. GOVERNMENT ST.
PENSACOLA, FL ~~32503~~ 32502

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IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$81.25
Due by May 1, 2006**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P ANASTON, JOY 3059 GULF BREEZE PKWY GULF BREEZE, FL 32563
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V RANDALL, BILL PO BOX 1598 GULF BREEZE, FL 32562
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V THOMPSON, DEAN 947 CORONADO DRIVE GULF BREEZE, FL 32563
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 3-9-06 850-934-3170
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #