

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N16971

FILED
Jan 28, 2009
Secretary of State

Entity Name: SHALIMAR OFFICE CENTRE TOWNOFFICE ASSOCIATION, INC.

Current Principal Place of Business:

1 ELEVENTH AVE
SHALIMAR CENTRE' E-2
SHALIMAR, FL 32579 US

New Principal Place of Business:

Current Mailing Address:

SHALIMAR CENTRE
PO BOX 235
FORT WALTON BEACH, FL 32549 US

New Mailing Address:

FEI Number: 59-2885294 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

WHITE, RICHARD J.
91 COUNTRY CLUB RD.
SHALIMAR, FL 32579 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VD () Delete
Name: BOYETTE, WAYNE T
Address: 121 DOODLE STREET
City-St-Zip: FORT WALTON BEACH, FL 32547

Title: PD () Delete
Name: JONES, C. WAYNE,
Address: 121 DOODLE STREET
City-St-Zip: FORT WALTON BEACH, FL 32547

Title: DMD () Delete
Name: GOODPASTER, HOWARD T
Address: 101 POQUITO ROAD
City-St-Zip: SHALIMAR, FL 32579

Title: D () Delete
Name: KISER, JAMES R
Address: 611 N OVERBROOK DRIVE
City-St-Zip: FORT WALTON BEACH, FL 32547

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: PD (X) Change () Addition
Name: JONES, C. WAYNE,
Address: 184 TWELVE OAKS LANE
City-St-Zip: FREEPORT, FL 32439

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: C. WAYNE JONES

PD

01/28/2009

Electronic Signature of Signing Officer or Director

Date