

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

FILED
Feb 27, 2006 08:00 AM
Secretary of State

DOCUMENT # N04000002146

1. Entity Name
RUNNELS PROFESSIONAL BUILDING OWNERS'
ASSOCIATION, INC.



Principal Place of Business
4399 COMMONS DRIVE, EAST
300
DESTIN, FL 32541

Mailing Address
4399 COMMONS DRIVE, EAST
300
DESTIN, FL 32541

DO NOT WRITE IN THIS SPACE



02082006 No Chg-NP CR2E037 (11/05)

4. FEI Number
41-2128790

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional**
Fee Required

6. Name and Address of Current Registered Agent

HALL, STEVEN K
4399 COMMONS DRIVE EAST
300
DESTIN, FL 32541

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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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by May 1, 2006

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	RUNNELS, M. SCOTT
STREET ADDRESS	4399 COMMONS DRIVE EAST, STE. 100
CITY-ST-ZIP	DESTIN, FL 32541
TITLE	VP
NAME	HALL, STEVEN K
STREET ADDRESS	4399 COMMONS DRIVE EAST, STE. 300
CITY-ST-ZIP	DESTIN, FL 32541
TITLE	T
NAME	RUNNELS, DAVAGE J III
STREET ADDRESS	4399 COMMONS DRIVE EAST, STE. 300
CITY-ST-ZIP	DESTIN, FL 32541
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/08/06-80071-015 61.25

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #