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Feb 05 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **729216** (2)

1. Corporation Name

PIER I CONDOMINIUM ASSOCIATION OF FORT WALTON BEACH, INC.

Principal Place of Business

**210 PELHAM RD
FT. WALTON BEACH FL 32547
US**

Mailing Address

**PIER I CONDO ASSOC.
210 PELHAM RD
FORT WALTON BEACH FL 32547-3688
US**

3. Date Incorporated or Qualified
04/01/1974

3a. Date of Last Report
01/26/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

4. FEI Number

59-1850587

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BROWN, RUSSELL J
210 PELHAM RD
FT WALTON BCH FL 32547**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **P** ☐ DELETE
NAME **BROWN, RUSSELL J**
STREET ADDRESS **210 PELHAM RD 122C**
CITY-ST-ZIP **FT WALTON BCH FL**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE **V** ☐ DELETE
NAME **HUDSPETH, REBA**
STREET ADDRESS **102 WATER ST.**
CITY-ST-ZIP **FT. WALTON BEACH FL**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE **SD** ☐ DELETE
NAME **KESSLER, JACK**
STREET ADDRESS **12 WAYNELL CIRCLE**
CITY-ST-ZIP **FT. WALTON BCH. FL**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE **D** ☒ DELETE
NAME **STEWART, RALPH**
STREET ADDRESS **210 PELHAM RD. 106 C**
CITY-ST-ZIP **FT. WALTON BEACH FL**

4.1 TITLE ☒ Change ☐ Addition
4.2 NAME **DIRECTOR**
4.3 STREET ADDRESS **NORMAN K. HUPPERT, SR**
4.4 CITY-ST-ZIP **P.O. Box 1770 N/A**
ENTERPRISE, AL 36331-1770

TITLE **T** ☐ DELETE
NAME **DODD, THOMAS**
STREET ADDRESS **210 PELHAM ROAD 219 A**
CITY-ST-ZIP **FT. WALTON BEACH FL**

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:  **RUSSELL J. BROWN** 1-9-97 904-862-1958
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0073845

CR2E037 (9/96)