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Jan 20 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		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
US**

3. Date Incorporated or Qualified

04/01/1974

4. FEI Number

59-1850587

Applied For

Not Applicable

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

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**

TITLE **V** ☐ DELETE

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

TITLE **SD** ☐ DELETE

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

TITLE **D** ☒ DELETE

NAME **HUPPERT, SR N K**
STREET ADDRESS **P O BOX 1770**
CITY-ST-ZIP **ENTERPRISE AL**

TITLE **T** ☒ DELETE

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

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

T ☐ Change ☒ Addition

GARDNER, ROBERT
210 PELHAM ROAD 212-B
FT. WALTON BCH, FL 32547

D ☒ Change ☐ Addition

DODD, THOMAS
713 OVERBROOK DRIVE
FT. WALTON BCH, FL 32547

☐ Change ☐ Addition

14. 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 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:

SIGNATURE: [Signature] PRESIDENT 1-7-98 850-862-1958

CR2E037 (10/97)