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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 729216

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



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		04/01/1974	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-1850587	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Zip		Trust Fund Contribution	
24		29		30	

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name **REBA HUDSPETH**
 82 Street Address (P.O. Box Number Is Not Acceptable) **102 WATER STREET**
 83
 84 City **FORT WALTON BEACH** **FL** 85 Zip Code **32548**

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 *Reba L. Hudspeth* **Reba L. Hudspeth, President** **3-19-99**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input checked="" type="checkbox"/> DELETE	1.1 TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROWN, RUSSELL J	1.2 NAME	REBA HUDSPETH
STREET ADDRESS	210 PELHAM RD 122C	1.3 STREET ADDRESS	102 WATER STREET
CITY-ST-ZIP	FT WALTON BCH FL	1.4 CITY-ST-ZIP	FORT WALTON BEACH, FL 32548
TITLE	V <input checked="" type="checkbox"/> DELETE	2.1 TITLE	VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUDSPETH, REBA	2.2 NAME	THOMAS DODD
STREET ADDRESS	102 WATER ST.	2.3 STREET ADDRESS	713 OVERBROOK DRIVE
CITY-ST-ZIP	FT. WALTON BEACH FL	2.4 CITY-ST-ZIP	FORT WALTON BEACH, FL 32547
TITLE	SD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KESSLER, JACK	3.2 NAME	
STREET ADDRESS	12 WAYNELL CIRCLE	3.3 STREET ADDRESS	
CITY-ST-ZIP	FT. WALTON BCH. FL	3.4 CITY-ST-ZIP	
TITLE	T <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GARDNER, ROBERT	4.2 NAME	
STREET ADDRESS	210 PELHAM RD 212-B	4.3 STREET ADDRESS	
CITY-ST-ZIP	FT WALTON BCH FL 32547	4.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DODD, THOMAS	5.2 NAME	DOUGLAS Reilly
STREET ADDRESS	713 OVERBROOK DR	5.3 STREET ADDRESS	105 HOLMES Blvd
CITY-ST-ZIP	FT. WALTON BEACH FL 32547	5.4 CITY-ST-ZIP	FORT WALTON BEACH, FL 32548
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

1-22-1999

850-862-1958

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SECRETARY

CR2E037 (1/98)