

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 19, 2001 8:00 am
Secretary of State

03-19-2001 90057 006 ****61.25

DOCUMENT # 729216

1. Entity Name

PIER I CONDOMINIUM ASSOCIATION OF FORT WALTON BE

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1850587

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HUDSPETH, REBA
 102 WATER ST
 FT WALTON BCH FL 32548**

Name

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

City

FL

Zip Code

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing
 Trust Fund Contribution. ☐

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

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete
 NAME **P**
 STREET ADDRESS **HUDSPETH, REBA**
 CITY-ST-ZIP **102 WATER ST
 FT WALTON BCH FL 32548**

TITLE ☒ Change ☐ Addition
 NAME **S/D**
 STREET ADDRESS **HUDSPETH, REBA**
 CITY-ST-ZIP **102 WATER STREET
 FT. WALTON BCH FL 32548**

TITLE ☐ Delete
 NAME **VP**
 STREET ADDRESS **DODD, THOMAS**
 CITY-ST-ZIP **713 OVERBROOK DR
 FT. WALTON BEACH FL 32547**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☒ Change ☐ Addition
 NAME **P**
 STREET ADDRESS **KESSLER, JACK**
 CITY-ST-ZIP **12 WAYNELL CIRCLE
 FT. WALTON BCH FL 32548**

TITLE ☒ Delete
 NAME **T**
 STREET ADDRESS **GARDNER, ROBERT**
 CITY-ST-ZIP **210 PELHAM RD 212-B
 FT WALTON BCH FL 32547**

TITLE ☐ Change ☒ Addition
 NAME **T**
 STREET ADDRESS **FARRIOR, AARON**
 CITY-ST-ZIP **210 PELHAM ROAD 114-A
 FT. WALTON BCH FL 32547**

TITLE ☒ Delete
 NAME **D**
 STREET ADDRESS **RAILLY, DOUGLAS**
 CITY-ST-ZIP **105 HOLMES BLVD
 FT. WALTON BEACH FL 32548**

TITLE ☐ Change ☒ Addition
 NAME **D**
 STREET ADDRESS **COLTON, GEORGE**
 CITY-ST-ZIP **21 PEBBLE BEACH DRIVE
 SHALIMAR, FL 32579**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. 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 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 #

3-14-01 850-862-1958

CR2E037 (10/00)