

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 29, 2005 8:00 am
Secretary of State

03-29-2005 90009 021 ****61.25

DOCUMENT # 729216

1. Entity 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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



1st MOORE

CR2E037 (10/04)

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

777 SUNDIAL COURT #1

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. 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

FILE NOW: FEE IS \$61.25
Due By May 1, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE VP
NAME HUDSPETH, REBA
STREET ADDRESS 102 WATER STREET
CITY-ST-ZIP FORT WALTON BEACH FL 32548 ☐ Delete

TITLE SD
NAME HUDSPETH REBA
STREET ADDRESS 777 SUNDIAL COURT #1
CITY-ST-ZIP FORT WALTON BEACH, FL 32548 ☒ Change ☐ Addition

TITLE P
NAME DODD, THOMAS
STREET ADDRESS 218 OVERBROOK DR.
CITY-ST-ZIP FORT WALTON BEACH FL 32547 ☐ Delete

TITLE Pres.
NAME Thomas D. Dodd Jr.
STREET ADDRESS 713 Overbrook Dr.
CITY-ST-ZIP Ft. Walton Beach, FL 32547 ☐ Change ☐ Addition

TITLE D
NAME NMMNIEK, DEAN
STREET ADDRESS 210 PELHAM ROAD 115-B
CITY-ST-ZIP FORT WALTON BEACH FL 32547 ☒ Delete

TITLE D
NAME WHITEHURST, ALLEN
STREET ADDRESS P.O. Box 121
CITY-ST-ZIP FORT WALTON BEACH, FL 32547 ☐ Change ☒ Addition

TITLE SD
NAME BARBER, BARBARA
STREET ADDRESS 308 OAKLAND CIR. NW
CITY-ST-ZIP FORT WALTON BEACH FL 32548 ☒ Delete

TITLE VP
NAME HORN, PAUL
STREET ADDRESS 617 CAMBRIDGE AVENUE
CITY-ST-ZIP FORT WALTON BEACH, FL 32547 ☐ Change ☒ Addition

TITLE
NAME COLTON, GEORGE
STREET ADDRESS 21 PEBBLE BEACH DRIVE
CITY-ST-ZIP SHALIMAR FL 32579 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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: *Thomas D. Dodd Jr.* Thomas D. Dodd Jr., Pres. 3/18/05 888-6845527
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #