

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90423 045 ****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: Suite, Apt. #, etc.
 3. Mailing Address: Suite, Apt. #, etc.

1st MOORE CR2E037 (10/05)

City & State

4. FEI Number: **59-1850587**
 Applied For: Not Applicable

Zip: Country

5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
HUDSPETH, REBA
777 SUNDIAL COURT #1
FT WALTON BCH FL 32548

7. Name and Address of New Registered Agent
 Name: **WHITE HURST, ALLEN**
 Street Address (P.O. Box Number is Not Acceptable):
276 Ventura Cir
 City: **FT WALTON Bch FL** Zip Code: **32548**

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: *Allen B. Whitehurst* DATE: **4/13/06**
 Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when re-registering)

FILE NOW - FEE IS \$61.25
Due By May 1, 2006

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	
TITLE: SD NAME: HUDSPETH, REBA STREET ADDRESS: 777 SUNDIAL COURT #1 CITY-ST-ZIP: FORT WALTON BEACH FL 32548	<input checked="" type="checkbox"/> Delete
TITLE: P NAME: DOD, THOMAS D JR STREET ADDRESS: 713 OVERBROOK DR. CITY-ST-ZIP: FORT WALTON BEACH FL 32547	<input checked="" type="checkbox"/> Delete
TITLE: D NAME: WHITEHURST, ALLEN STREET ADDRESS: PO BOX 121 CITY-ST-ZIP: FORT WALTON BEACH FL 32549	<input type="checkbox"/> Delete
TITLE: VP NAME: HORN, PAUL STREET ADDRESS: 617 CAMBRIDGE AVENUE CITY-ST-ZIP: FORT WALTON BEACH FL 32547	<input type="checkbox"/> Delete
TITLE: T NAME: COLTON, GEORGE STREET ADDRESS: 21 PEBBLE BEACH DRIVE CITY-ST-ZIP: SHALIMAR FL 32579	<input type="checkbox"/> Delete
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: DIRECTOR NAME: BAUER, RICHARD STREET ADDRESS: 109 PORT DRIVE CITY-ST-ZIP: SHALIMAR, FLORIDA 32569	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: P NAME: DODD, THOMAS D. JR. STREET ADDRESS: 713 OVERBROOK DRIVE CITY-ST-ZIP: FORT WALTON BEACH, FL 32547	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: SECRETARY NAME: WHITE HURST, ALLEN STREET ADDRESS: P. O BOX 121 CITY-ST-ZIP: FORT WALTON BEACH, FL 32549	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 3/16/06 850-862-1958