2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 13, 2009
Secretary of State

DOCUMENT# 729216

Entity Name: PIER I CONDOMINIUM ASSOCIATION OF FORT WALTON BEACH, INC.

Current Principal Place of Business:

210 PELHAM RD
FT. WALTON BEACH, FL 32547 US

New Principal Place of Business:

Current Mailing Address:

PIER I CONDO ASSOC.
210 PELHAM RD
FORT WALTON BEACH, FL 32547 US

New Mailing Address:

FEI Number: 59-1850587 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HORN, PAUL
617 CAMBRIDGE AVENUE
FORT WALTON BEACH, FL 32547 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: MORONTA, JOSE
Address: 10009 PALENCIA
City-St-Zip: NAVARRE, FL 32566

Title: P ( ) Delete
Name: DODD, THOMAS D JR.
Address: 713 OVERBROOK DR.
City-St-Zip: FORT WALTON BEACH, FL 32547

Title: S ( ) Delete
Name: PETERSON, JULIA
Address: 210 PELHAM ROAD 215-B
City-St-Zip: FORT WALTON BEACH, FL 32547

Title: VP ( ) Delete
Name: HORN, PAUL
Address: 617 CAMBRIDGE AVENUE
City-St-Zip: FORT WALTON BEACH, FL 32547

Title: T ( ) Delete
Name: COLTON, GEORGE
Address: 21 PEBBLE BEACH DRIVE
City-St-Zip: SHALIMAR, FL 32579

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP (X) Change ( ) Addition
Name: HAMLIN, DONALD R
Address: 1900 COGSWELL AVENUE
City-St-Zip: PELL CITY, FA 35125

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change ( ) Addition
Name: HORN, PAUL
Address: 617 CAMBRIDGE AVENUE
City-St-Zip: FORT WALTON BEACH, FL 32547

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THOMAS D. DODD P 03/13/2009

Electronic Signature of Signing Officer or Director — Date