

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 03, 2003 8:00 am
Secretary of State

04-03-2003 90126 020 ****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

4. FEI Number **59-1850587**

Applied For

Not Applicable

Zip

Country

Zip

Country

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. 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

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	SD	<input type="checkbox"/> Delete
NAME	HUDSPETH, REBA	
STREET ADDRESS	102 WATER ST	
CITY-ST-ZIP	FT WALTON BCH FL 32548	
TITLE	VP	<input type="checkbox"/> Delete
NAME	DODD, THOMAS	
STREET ADDRESS	713 OVERBROOK DR	
CITY-ST-ZIP	FT. WALTON BEACH FL 32547	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	KESSLER, JACK	
STREET ADDRESS	12 WAYNELL CIRCLE	
CITY-ST-ZIP	FT. WALTON BCH. FL	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	FARRIOR, AARON	
STREET ADDRESS	210 PELHAM ROAD 114-A	
CITY-ST-ZIP	FT WALTON BCH FL 32547	
TITLE	D	<input type="checkbox"/> Delete
NAME	COLTON, GEORGE	
STREET ADDRESS	21 PEBBLE BEACH DRIVE	
CITY-ST-ZIP	SHALIMAR FL 32579	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUDSPETH, REBA	
STREET ADDRESS	102 WATER STREET	
CITY-ST-ZIP	FT. WALTON BCH, FL 32548	
TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DODD, THOMAS	
STREET ADDRESS	713 OVERBROOK DRIVE	
CITY-ST-ZIP	FT WALTON BEACH, FL 32547	
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	COOK, JEAN	
STREET ADDRESS	3579 SOUTHWIND DRIVE	
CITY-ST-ZIP	GULF BREEZE, FL 32561	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BARBER, BARBARA	
STREET ADDRESS	308 OAKLAND CIR. N.W.	
CITY-ST-ZIP	FORT WALTON BEACH, FL 32548	
TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COLTON, GEORGE	
STREET ADDRESS	21 PEBBLE BEACH DRIVE	
CITY-ST-ZIP	SHALIMAR, FL 32579	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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] **REBA HUDSPETH**

3/31/03

850-684-5527

CR2E037 (10/02)