


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2007 8:00 am
Secretary of State

04-26-2007 90196 046 ****61.25

DOCUMENT # 769989 1. Entity Name ELM PLACE CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business ELM PLACE CONDO ASSOCIATE P.O. BOX 70 FT. WALTON BEACH, FL 32548 US			Mailing Address ELM PLACE CONDO ASSOCIATE P.O. BOX 70 FT. WALTON BEACH, FL 32548 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2347370	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
MICKEY, GEORGE W 8 PEBBLE BEACH DR. SHALIMAR, FL 32579				Name Cameo-Debby Khoultan Street Address (P.O. Box Number is Not Acceptable) 202 Angelfish FT. WALTON Bch City 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 <i>Debby Khoultan</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small>				<i>Debby Khoultan</i> <small>(NOTE: Registered Agent signature required when reinstating)</small>	
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BOSWELL, BROWN		NAME		
STREET ADDRESS	716 KELLY ST		STREET ADDRESS		
CITY-ST-ZIP	DESTIN, FL 32541		CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MULLEY, CHRIS		NAME		
STREET ADDRESS	124-C ELM AVE		STREET ADDRESS		
CITY-ST-ZIP	FORT WALTON BEACH, FL 32548		CITY-ST-ZIP		
TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	BRINKMAN, BARBARA		NAME	Amelia Nichols	
STREET ADDRESS	128-D ELM AVE		STREET ADDRESS	124-A Elm Avenue	
CITY-ST-ZIP	FORT WALTON BEACH, FL 32548		CITY-ST-ZIP	Fort Walton Bch, FL 32548	
TITLE	Add	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	Asst. Secretary Debby Khoultan		NAME		
STREET ADDRESS	202 Angelfish		STREET ADDRESS		
CITY-ST-ZIP	FT. WALTON Bch, FL 32548		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <i>Brian Boswell</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			11-21-07 850 974 0034 <small>Date Daytime Phone #</small>		