


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 26, 2004 8:00 am
Secretary of State

02-26-2004 90019 034 ****61.25

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1. Entity Name
 AIRPORT PLAZA COMMERCIAL CONDOMINIUM OWNERS ASSOCIATION, INC.



Principal Place of Business Mailing Address
 1221 AIRPORT ROAD SUITE 207 PO BOX 5618
 DESTIN, FL 32541 DESTIN, FL 32540

94020917



02072004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3628533	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

<BONGZZI, ROBERT A *BONEZZI*
 1221 AORPORT RD STE 207 *1221 AIRPORT*
 DESTIN, FL 32541

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP CLARY, CHARLES W 1241 AIRPORT ROAD DESTIN, FL 32540
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST CLARY, CHARLES W III 1241 AIRPORT ROAD DESTIN, FL 32540
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV BONEZZI, ROBERT A 1221 AIRPORT RD STE 207 DESTIN, FL: 32541
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: *X Charles W Clary* CHARLES W CLARY 2.10.04 850.650.4725
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #