## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N00000000077

FILED Mar 05, 2008 Secretary of State

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

**Current Principal Place of Business: New Principal Place of Business:** 

986A AIRPORT ROAD 4400 HIGHWAY 20 E DESTIN, FL 32541

SUITE 312

NICEVILLE, FL 32578

**Current Mailing Address:** New Mailing Address:

PO BOX 5618 PO BOX 5263

DESTIN, FL 32540 NICEVILLE, FL 32578

FEI Number: 59-3628533 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

ELY, JACKIE K LANDSBERGER, DARLANE 986 A AIRPORT ROAD 4400 HIGHWAY 20 E

DESTIN, FL 32541 SUITE 312 NICEVILLE, FL 32578 US

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: DARLANE LANDSBERGER 03/05/2008

> Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change ( ) Addition () Delete

CLARY, CHARLES W CLARY, CHARLES Name: Name: 1241 AIRPORT ROAD Address: 1241 AIRPORT ROAD Address: City-St-Zip: DESTIN, FL 32540 City-St-Zip: DESTIN, FL 32540

Title: DST () Delete Title: (X) Change ( ) Addition Name: CLARY, CHARLES W III Name: CLARY, CAROL

Address: 1241 AIRPORT ROAD Address: 1241 AIRPORT ROAD City-St-Zip: DESTIN, FL 32540 City-St-Zip: DESTIN, FL 32540

Title: () Delete Title: STD ( ) Change (X) Addition

Name: GREGG, TRACY Name: 1221 AIRPORT RD #205 Address: Address: City-St-Zip: City-St-Zip: DESTIN, FL 32541

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: CHARLES CLARY PD 03/05/2008