

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 19, 2007 8:00 am
Secretary of State

03-19-2007 90065 033 ****61.25

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1. Entity Name

PARKWAY PLAZA OWNERS' ASSOCIATION, INC.



Principal Place of Business

3037/3059 GULF BREEZE PKWY
GULF BREEZE FL 32563

Mailing Address

PPOA, INC
PO BOX 6365
GULF BREEZE FL 32563



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/06)

4. FEI Number

59-3731385

Applied For

Not Applicable

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

MOORHEAD, STEPHEN R
25 W. GOVERNMENT ST
PENSACOLA FL 32502

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
Due By May 1, 2007

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

TITLE	P	<input type="checkbox"/> Delete
NAME	ANASTON, JOY	
STREET ADDRESS	3059 GULF BREEZE PKWY	
CITY- ST- ZIP	GULF BREEZE FL 32563	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	RANDALL, BILL	
STREET ADDRESS	PO BOX 1598	
CITY- ST- ZIP	GULF BREEZE FL 32562	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	THOMPSON, DEAN	
STREET ADDRESS	947 CORONADO DRIVE	
CITY- ST- ZIP	GULF BREEZE FL 32563	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RAY, SHANE	
STREET ADDRESS	3043 GULF BREEZE PKWY	
CITY- ST- ZIP	GULF BREEZE FL 32563	
TITLE	T/S	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MATT ROBINSON	
STREET ADDRESS	3055 GULF BREEZE PKWY	
CITY- ST- ZIP	GULF BREEZE FL 32563	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
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 exemptions contained in Section 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:

Joy Anaston

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/8/07 (850) 324-2649

Date

Daytime Phone #