

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2008 8:00 am
Secretary of State

04-11-2008 90056 020 ****61.25

DOCUMENT # N04000003792					
1. Entity Name TUPELO PLACE CONDOMINIUMS OWNERS ASSOCIATION, INC.					
Principal Place of Business 114 4TH ST FORT WALTON BEACH, FL 32548 US			Mailing Address P.O. BOX 912 FORT WALTON BEACH, FL 32549 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Zip		Country	
4. FEI Number 20-1486387				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SNYDER, LINDA R 810 EGLIN PKWY NE #4 FORT WALTON BEACH, FL 32547			7. Name and Address of New Registered Agent 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2008		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 NAME NORRIS, JUSTIN STREET ADDRESS 114 4TH ST, UNIT 2 CITY-ST-ZIP FORT WALTON BEACH, FL 32548	<input checked="" type="checkbox"/> Delete		TITLE PD NAME Brian Greenhalgh STREET ADDRESS 114 4th St, Unit 34 CITY-ST-ZIP Fort Walton Beach, FL 32548	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE VD NAME THOMPSON, LARRY STREET ADDRESS 2706 STAGE COACH RD CITY-ST-ZIP THOMSON, GA 30824	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE DS NAME SNYDER, LINDA STREET ADDRESS 810 EGLIN PKWY NE #4 CITY-ST-ZIP FORT WALTON BEACH, FL 32547	<input type="checkbox"/> Delete		TITLE D/S/T NAME Snyder, Linda STREET ADDRESS 810 Eglin Pkwy NE #4 CITY-ST-ZIP Ft Walton Beach, FL 32547	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE DT NAME SOUTHER, CORRI STREET ADDRESS 114 4TH ST, UNIT 3 CITY-ST-ZIP FORT WALTON BEACH, FL 32548	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE TD NAME GRACE, CANDACE STREET ADDRESS 114 4TH ST, UNIT 5 CITY-ST-ZIP FORT WALTON BEACH, FL 32548	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME GABRIEL, LORALES STREET ADDRESS 5909 WILL ROGERS DRIVE CITY-ST-ZIP ENID, OK 73703	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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>Linda Snyder Director</i>			4/7/08 8508641745		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		