2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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Apr 12, 2006 8:00 am
Secretary of State
04-12-2006 90084 042 ****61.25

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1. Entity Name
PARK PLACE AT INLET BEACH OWNERS ASSOCIATION, INC.

Principal Place of Business
7 TOWN CENTER LOOP
C16
SANTA ROSA BEACH, FL 32459

Mailing Address Attn: J JAMBOR
~~PO BOX 1247~~ 5399 E. HWY 30-A
SANTA ROSA BEACH, FL 32459

400016UU

02132006 No Chg-NP CR2E037 (11/05)

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4. FEI Number
65-1236336
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

BURKE, M. TODD
215 GRAND BOULEVARD
SUITE 101
DESTIN, FL 32550

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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, 2006

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	~~DEVANS, STEVE~~ PAM BYRD
STREET ADDRESS	~~348 ENTERPRISE DRIVE~~ 1305 BERNADETTE LANE
CITY-ST-ZIP	~~VALDOSTA, GA 31601~~ ATLANTA, GA 30329
TITLE	VD
NAME	~~BENNETT, JOHN~~ CAROLEE B. LANGHORNE
STREET ADDRESS	~~348 ENTERPRISE DRIVE~~ 9490 BENCHMARK LANE
CITY-ST-ZIP	~~VALDOSTA, GA 31601~~ CINCINNATTI, OH 45243
TITLE	STD
NAME	~~KING, KEVIN~~ JEANNE B. JAMBOR
STREET ADDRESS	~~348 ENTERPRISE~~ DRIVE 5399 E. HWY 30-A
CITY-ST-ZIP	~~VALDOSTA, GA 31601~~ SANTA ROSA BEACH, FL 32459
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 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: Jeanne B. Jambor / JEANNE B. JAMBOR 4/7/06 850-496-9344
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #