

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000010579

FILED  
Apr 03, 2008  
Secretary of State

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

**Current Principal Place of Business:**

7 TOWN CENTER LOOP  
C16  
SANTA ROSA BEACH, FL 32459

**New Principal Place of Business:**

108 S. ORANGE ST.  
INLET BEACH, FL 32413

**Current Mailing Address:**

PO BOX 4762  
SANTA ROSA BEACH, FL 32459

**New Mailing Address:**

FEI Number: 65-1236336

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

BRUNI, ALAN  
74 MARLIN STREET  
SANTA ROSA BEACH, FL 32459 US

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

DOLPHIN DEVELOPERS, LLC  
5008 HWY 98 WEST  
SUITE 2B  
SANTA ROSA BEACH, FL 32459 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: AL BRUNI

04/03/2008

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: BYRD, PAM  
Address: 1305 BERNADETTE LN  
City-St-Zip: ATLANTA, GA 30329

Title: VD ( ) Delete  
Name: KANGHORNE, CAROLEE R  
Address: 9490 BENCHMARK LN  
City-St-Zip: CINCINNATI, OH 45243

Title: STD ( ) Delete  
Name: JAMBOR, JEANNE B  
Address: 5399 E. HWY 30 A  
City-St-Zip: SANTA ROSA BEACH, FL 32459

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

Title: S (X) Change ( ) Addition  
Name: BYRD, PAM  
Address: 1305 BERNADETTE LN  
City-St-Zip: ATLANTA, GA 30329

Title: P (X) Change ( ) Addition  
Name: NICKERSON, NIKKI  
Address: PO BOX 611095  
City-St-Zip: ROSEMARY BEACH, FL 32461

Title: T (X) Change ( ) Addition  
Name: JAMBOR, JEANNE B  
Address: 139 FIFTH AVENUE  
City-St-Zip: NEY YORK, NY 10010

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: AL BRUNI

MGR

04/03/2008

Electronic Signature of Signing Officer or Director

Date