

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jan 30, 2004 8:00 am**  
**Secretary of State**

01-30-2004 90065 046 \*\*\*\*61.25

**DOCUMENT # N04445**

1. Entity Name

**PARK PLACE CONDOMINIUM OWNERS ASSOCIATION, INC.**



Principal Place of Business

**31 PARK CIR.  
FT. WALTON BEACH FL 32548  
US**

Mailing Address

**110 PERRY AVE  
FORT WALTON BEACH FL 32548  
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-2504171**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**PARK PLACE CONDO ASSN C/O LAURA B WRIGHT  
CONDO ASSN MANAGER  
110 PERRY AVE  
FT WALTON FL 32548**

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

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, 2004**

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	PD	<input type="checkbox"/> Delete
NAME	HUTTO, GARY A	
STREET ADDRESS	31 PARK CIR., #10	
CITY-ST-ZIP	FT. WALTON BCH FL	
TITLE	D <b>FISHER</b>	<input type="checkbox"/> Delete
NAME	FISHE, BOBBY JR.	
STREET ADDRESS	C/O 110 PERRY AVE	
CITY-ST-ZIP	FT WALTON FL 32548	
TITLE	D <del>LEE</del> <b>GEORGE</b>	<input type="checkbox"/> Delete
NAME	<del>LEE</del> <b>GEORGE</b>	
STREET ADDRESS	902 SHARON PT CIR	
CITY-ST-ZIP	FT WALTON FL 32547	
TITLE	Timothy Martin, Director	<input type="checkbox"/> Delete
NAME	Unit #16 Park Place Condo	
STREET ADDRESS	31 Park Circle	
CITY-ST-ZIP	Ft. Walton, Fl. 32548	
TITLE	Roger Holden, Director	<input type="checkbox"/> Delete
NAME	110 Perry Ave., Ft. Walton, Fl. 32548	
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	<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	
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 exemption stated in Section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Laura B Wright* Condo Assn Mgr

1-26-04