

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 22, 2008 8:00 am
Secretary of State

02-22-2008 90019 039 ****61.25

DOCUMENT # N05000001656

1. Entity Name

CIRCLE PARK CONDOMINIUMS OWNERS ASSOCIATION, INC.



Principal Place of Business

Mailing Address

**10 PARK PLACE SE
UNIT B-1
FORT WALTON BEACH FL 32548
US**

**P.O. BOX 4664
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

Country

Zip

Country

4. FEI Number

20-2357608

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

1st MOORE

CR2E037 (10/07)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**RITZ, FELICIA G
10 PARK PLACE SE
UNIT B-1
FORT WALTON BEACH FL 32548**

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, 2008**

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** ☒ Delete
NAME **BREWINGTON, LINDA**
STREET ADDRESS **1096 COURINGTON COURT**
CITY-ST-ZIP **NICEVILLE FL 32578**

TITLE **V** ☐ Delete
NAME **DESGRANGES, RAMONA**
STREET ADDRESS **171 LAKE LORRAINE**
CITY-ST-ZIP **SHALIMAR FL 32579**

TITLE **ST** ☐ Delete
NAME **RITZ, FELICIA G**
STREET ADDRESS **10 PARK PLACE SE, UNIT B-1**
CITY-ST-ZIP **FORT WALTON BEACH FL 32548**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P** ☒ Change ☐ Addition
NAME **JOANNE H. WERNER**
STREET ADDRESS **10 PARK PLACE SE, UNIT B5**
CITY-ST-ZIP **FORT WALTON BEACH, FL 32548**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ 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: **FELICIA G. RITZ** **SECRETARY/TREAS.** **15 Feb 2008**