
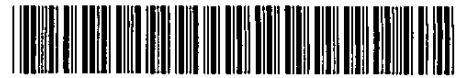


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 01, 2007 8:00 am
Secretary of State

02-01-2007 90021 028 ****61.25

| | | | |
|---|---------|---|---------|
| DOCUMENT # N05982 | |  | |
| 1. Entity Name PANHANDLE PLACE OFFICEOWNER'S ASSOCIATION, INC. | | | |
| Principal Place of Business 2715 GULF BREEZE PKWY SUITE B GULF BREEZE FL 32563 US | | Mailing Address 2715 GULF BREEZE PKWY SUITE B GULF BREEZE FL 32563 US | |
| 2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. | | 3. Mailing Address Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |
| 6. Name and Address of Current Registered Agent HANSEN, DONALD S 2715 GULF BREEZE PKWY. GULF BREEZE FL 32563 | | 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 reappointing)</small> DATE _____ | | | |



1st MOORE CR2E037 (10/06)

| | |
|---|--|
| 4. FEI Number NO-T APPLICABLE | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

| | | |
|--|--|--|
| FILE NOW: FEE IS \$61.25 Due By May 1, 2007 | 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 | | | | | | | | | | | | | | | | | | | | | | | |
|---|--------------------------|--|--|------|-------------------|--|----------------|-----------------------|--|-------------|----------------------|--|---|-------|--|--|------|--------------------------|--|----------------|------------------------|--|-------------|------------------------|--|
| <table border="1"> <tr> <td>TITLE</td> <td>D</td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>GREEN, JOHN</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>426 DEER POINT DR.</td> <td></td> </tr> <tr> <td>CITY ST ZIP</td> <td>GULF BREEZE FL 32563</td> <td></td> </tr> </table> | TITLE | D | <input type="checkbox"/> Delete | NAME | GREEN, JOHN | | STREET ADDRESS | 426 DEER POINT DR. | | CITY ST ZIP | GULF BREEZE FL 32563 | | <table border="1"> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY ST ZIP</td> <td></td> <td></td> </tr> </table> | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | NAME | | | STREET ADDRESS | | | CITY ST ZIP | | |
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| TITLE | DT | <input checked="" type="checkbox"/> Delete | | | | | | | | | | | | | | | | | | | | | | | |
| NAME | TAMMELLO, STEVE | | | | | | | | | | | | | | | | | | | | | | | | |
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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: Donald S. Hansen **DONALD S. HANSEN.** 1-22-07 932-4426.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #