

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05982

FILED
Jan 05, 2009
Secretary of State

Entity Name: PANHANDLE PLACE OFFICEOWNER'S ASSOCIATION, INC.

Current Principal Place of Business:

2715 GULF BREEZE PKWY
SUITE B
GULF BREEZE, FL 32563 US

New Principal Place of Business:

Current Mailing Address:

2715 GULF BREEZE PKWY
SUITE B
GULF BREEZE, FL 32563 US

New Mailing Address:

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

HANSEN, DONALD S
2715 GULF BREEZE PKWY.
GULF BREEZE, FL 32563 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: GREEN, JOHN
Address: 426 DEER POINT DR.
City-St-Zip: GULF BREEZE, FL 32563

Title: DT () Delete
Name: HANSEN, DONALD S.,
Address: 2715 GULF BREEZE PKWY
City-St-Zip: GULF BREEZE, FL 32563

Title: DT () Delete
Name: CROSSLEY, PEGGY
Address: 2711 GULF BREEZE PKWY
City-St-Zip: GULF BREEZE, FL 32563

Title: D () Delete
Name: GREEN, DANIEL
Address: 234 SABINA DRIVE
City-St-Zip: LAUREL HILL, FL 32567

Title: DT () Delete
Name: BAIRD, BRETT
Address: 2709 GULF BREEZE PKWY
City-St-Zip: GULF BREEZE, FL 32563

Title: DT () Delete
Name: LANZA, PATRICK
Address: 10 SABRINA DRIVE
City-St-Zip: GULF BREEZE, FL 32561

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: DONALD S. HANSEN

PRES

01/05/2009

Electronic Signature of Signing Officer or Director

Date