

Feb 23, 2  
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**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # N06335

1. Entity Name  
PALMETTO PLACE OWNERS' ASSOCIATION, INC.



Principal Place of Business  
114 PALMETTO ST  
DESTIN, FL 32541 US

Mailing Address  
P.O. BOX 1499  
DESTIN, FL 32540 US



02182004 No Chg-NP CR2E037 (10/03)

4. FEI Number  
59-3432417

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

BOLT, MARGARET P  
9 CAHABA LANE  
DESTIN, FL 32541

**DO NOT WRITE  
IN THIS SPACE**

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

**Filing Fee is \$61.25  
Due by May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

U00000061397  
02/23/04-80079-017 61.25

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
STD  
HOUSTON, MARTY  
831 TARPON DR.  
FORT WALTON BEACH, FL 32548

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
PD  
SCOTT, VIRGINIA  
2437 HIGHWAY 41  
RINGGOLD, GA 30736

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
VD  
KILLOUGH, GARY  
304 KEPNER DR NE  
FORT WALTON BEACH, FL 32548

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 #