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**2005 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
DO NOT WRITE IN THIS SPACE		
		
04042005 No Chg-NP CR2E037 (10/03)		
4. FEI Number 59-3432417		Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
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 <u>MARGARET P. Bolt</u> <u>M argaret P. Bolt</u> <u>4/4/05</u> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>		
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD HOUSTON, MARTY 831 TARPON DR. FORT WALTON BEACH, FL 32548	DO NOT WRITE IN THIS SPACE
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		
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TITLE 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: <u>Marty Houston</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<u>4/4/05</u> <u>(850) 664-1267</u> <small>Date Day and Phone #</small>