

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2008 08:00 AM
Secretary of State

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**



04242008 No Chg-NP CR2E037 (4/06)

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

**HOUSTON, MARTY
831 TARPON DR
FORT WALTON BEACH, FL 32548**

**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, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

**000000937471
05/27/08-80053-002 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 exemptions contained 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 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: Marty Houston Marty Houston 4/24/08 850 598-4571
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #