

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2003 8:00 am
Secretary of State

04-17-2003 90602 031 ****61.25

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**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 59-3432417

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**BOLT, MARGARET P
9 CAHABA LANE
DESTIN FL 32541**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

9 Cahaba Lane (not Lanbe)

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 *Margaret P. Bolt*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE **STD** ☒ Delete
NAME **BOLT, MARGARET**
STREET ADDRESS **9 CAHABA LANE**
CITY-ST-ZIP **DESTIN FL 32541**

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

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **STD** ☒ Change ☐ Addition
NAME **Marty Houston**
STREET ADDRESS **831 Tarpon Dr.**
CITY-ST-ZIP **Ft. Walton Bch. FL 32548**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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:

Margaret P. Bolt
SIGNATURE REQUIRED

4-15-04

850-837-2654

CR2E037 (10/02)