

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 15, 2005 08:00 AM
Secretary of State

DOCUMENT # N16971

1. Entity Name
**SHALIMAR OFFICE CENTRE TOWNOFFICE
ASSOCIATION, INC.**



Principal Place of Business
**1 ELEVENTH AVE
SHALIMAR CENTRE' E-2
SHALIMAR, FL 32579 US**

Mailing Address
**SHALIMAR CENTRE
PO BOX 235
FORT WALTON BEACH, FL 32549 US**



DO NOT WRITE IN THIS SPACE

04052005 No Chg-NP CR2E037 (10/03)

4. FEI Number
59-2885294

| |
|----------------|
| Applied For |
| Not Applicable |

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

6. Name and Address of Current Registered Agent

**WHITE, RICHARD J.
91 COUNTRY CLUB RD.
SHALIMAR, FL 32579**

**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, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

| | |
|----------------|-----------------------------|
| TITLE | VD |
| NAME | BOYETTE, WAYNE T |
| STREET ADDRESS | 121 DOODLE STREET |
| CITY-ST-ZIP | FORT WALTON BEACH, FL 32547 |

| | |
|----------------|-----------------------------|
| TITLE | PD |
| NAME | JONES, C. WAYNE |
| STREET ADDRESS | 121 DOODLE STREET |
| CITY-ST-ZIP | FORT WALTON BEACH, FL 32547 |

| | |
|----------------|----------------------|
| TITLE | DMD |
| NAME | GOODPASTER, HOWARD T |
| STREET ADDRESS | 101 POQUITO ROAD |
| CITY-ST-ZIP | SHALIMAR, FL 32579 |

| | |
|----------------|-----------------------------|
| TITLE | D |
| NAME | KISER, JAMES R |
| STREET ADDRESS | 611 N OVERBROOK DRIVE |
| CITY-ST-ZIP | FORT WALTON BEACH, FL 32547 |

| | |
|----------------|--|
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

| | |
|----------------|--|
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

000000307360
04/15/05-80054-002 61.25

**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)(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:

C. Wayne Jones **C. WAYNE JONES**

4-12-05 850-885-4163

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #