

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jun 05, 2006 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**



05292006 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

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 September 6, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**U000000566791
06/05/06-80008-016 61.25**

10. OFFICERS AND DIRECTORS

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

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

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

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

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

C. WAYNE JONES 5-30-06 850-585-4163