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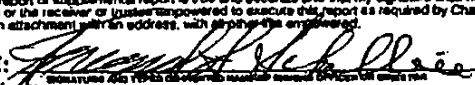
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FILED
Jul 15, 2005 8:00 am
Secretary of State

06-30-2005 90001 023 ****61.25

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

6/30/2005-2006-1-023-001-001-001-001

DOCUMENT # N18646 1. Entity Name PROMENADE OFFICEOWNERS' AND STOREOWNERS' ASSOCIATION, INC.			
Principal Place of Business 8317 FRONT BEACH RD SUITE 9 PANAMA CITY BEACH, FL 32407		Mailing Address 8317 FRONT BEACH RD SUITE 9 PANAMA CITY BEACH, FL 32407	
DO NOT WRITE IN THIS SPACE			
2. Name and Address of Current Registered Agent HUTCHINSON, EDWARD A JR ESQ 221 MCKENZIE AVENUE PANAMA CITY, FL 32401		DO NOT WRITE IN THIS SPACE	
3. 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 is applicable. (NOTE: Registered Agent signatures required when not applying.) DATE			
Filing Fee is \$61.25 Due by September 7, 2005		4. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	PO SCHILLECI, FRANK S 1700 EMORY FOLMAR INDUST BLVD MONTGOMERY, AL 36110		
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	SD SCHILLECI, MARK 13623 FRONT BEACH ROAD PANAMA CITY BCH, FL 32413		
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D SCHILLECI, MANDELYN 13623 FRONT BEACH ROAD PANAMA CITY BCH, FL 32413		
TITLE NAME STREET ADDRESS CITY-STATE-ZIP			
TITLE NAME STREET ADDRESS CITY-STATE-ZIP			
TITLE NAME STREET ADDRESS CITY-STATE-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 liquidator empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 as changed, or on an attachment with an address, with signature and employment.			
SIGNATURE:  7/13/05 3342631681 SIGNATURE AND TITLE OF REGISTERED AGENT REQUIRED WHEN NOT APPLYING			

66024671



06262005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-2867197	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required