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Jul 15, 2005 8:00 am
Secretary of State
06-30-2005 90001 023 ****61.25

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

6/30/2005-90001-023-61.25-61.25

DOCUMENT # N18646

1. Entity Name
PROMENADE OFFICEOWNERS' AND STOREOWNERS' ASSOCIATION, INC.

66024671

Principal Place of Business	Mailing Address
8317 FRONT BEACH RD SUITE 9 PANAMA CITY BEACH, FL 32407	8317 FRONT BEACH RD SUITE 9 PANAMA CITY BEACH, FL 32407

DO NOT WRITE IN THIS SPACE

06282005 No Chg-NP CR2E037 (10/03)

4. FEI Number
59-2887197
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

HUTCHINSON, EDWARD A JR ESQ
221 MCKENZIE AVENUE
PANAMA CITY, FL 32401

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (HOTE: Registered Agent signature required when changing)

Filing Fee is $61.25
Due by September 7, 2005

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	SCHILLECI, FRANK S
STREET ADDRESS	1700 EMORY FOLMAR INDUST BLVD
CITY-ST-ZIP	MONTGOMERY, AL 36110
TITLE	SD
NAME	SCHILLECI, MARK
STREET ADDRESS	13823 FRONT BEACH ROAD
CITY-ST-ZIP	PANAMA CITY BCH, FL 32413
TITLE	D
NAME	SCHILLECI, MINDELYN
STREET ADDRESS	13823 FRONT BEACH ROAD
CITY-ST-ZIP	PANAMA CITY BCH, FL 32413
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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11. 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 blank(s) filled.

SIGNATURE: [signature] 7/13/05 334-263-1681
SIGNATURE AND TITLE OF CHAIRMAN, PRESIDENT OR OTHER AUTHORIZED OFFICER (ATTORNEY MAY NOT SIGN) Date Daytime Phone #