

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N22803

FILED
Apr 18, 2012
Secretary of State

Entity Name: LIZA JACKSON PLAZA CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

29 MIRACLE STRIP PARKWAY
FORT WALTON BEACH, FL 32548

New Principal Place of Business:

29 MIRACLE STRIP PARKWAY SW
FORT WALTON BEACH, FL 32548

Current Mailing Address:

P.O. BOX 906
FT. WALTON BEACH, FL 32548

New Mailing Address:

P.O. BOX 2613
FT. WALTON BEACH, FL 32549

FEI Number: 59-2881711

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HUNNICUTT, JOHN M MR.
29B MIRACLE STRIP PKWY
FORT WALTON BEACH, FL 32548 US

Name and Address of New Registered Agent:

FOWNER, DEBBIE
29 MIRACLE STRIP PKWY
SUITE C
FORT WALTON BEACH, FL 32548 US

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.

SIGNATURE: DEBBIE FOWNER

04/18/2012

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: STD
Name: HARBESON, W.B. III (DECEASED)
Address: 29 A MIRACLE STRIP PKWY.
City-St-Zip: FT. WALTON BCH, FL 32548

Title: VPD
Name: HUNNICUTT, JOHN M.
Address: 29 B MIRACLE STRIP PKWY.
City-St-Zip: FT. WALTON BCH, FL 32548

Title: PD
Name: KOVAR, JOHN S DR
Address: 29 G MIRACLE STRIP PKWY.
City-St-Zip: FT. WALTON BEACH, FL 32548

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: JOHN HUNNICUTT

PD

04/18/2012

Electronic Signature of Signing Officer or Director

Date