

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
**1995**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Northam  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

**95 MAR 13 AM 11:19**

**DOCUMENT # N27315 (3)**

1. Corporation Name  
**AIRPORT PLACE I OWNERS ASSOCIATION, INC.**

Principal Place of Business Mailing Address  
**% JIM LIUFAU  
1209 AIRPORT RD., STE. 7  
DESTIN FL 32541**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **07/08/1988** 3a. Date of Last Report **03/22/1994**  
4. FEI Number **59-2925817** Applied For Not Applicable

2. Principal Place of Business 2a. Mailing Address  
21 26  
Suits, Apt. #, etc. Suits, Apt. #, etc.  
22 27  
City & State City & State  
23 28  
Zip Country Zip Country  
24 25 29 30

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**  
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status  **\$68.75 Supplemental Fee Not Required**  
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**KRAEMER, MARY  
727 HWY. 98 E.  
DESTIN FL 32541**

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>PD</b>
NAME	<b>MANNON, JOEY</b>
STREET ADDRESS	<b>91 COUNTRY CLUB DRIVE, WEST</b>
CITY-ST-ZIP	<b>DESTIN FL</b>
TITLE	<b>VD</b>
NAME	<b>MCINNIS, SAM</b>
STREET ADDRESS	<b>101 COUNTRY CLUB DRIVE, WEST</b>
CITY-ST-ZIP	<b>DESTIN FL</b>
TITLE	<b>STD</b>
NAME	<b>LIUGAU, DOTTIE</b>
STREET ADDRESS	<b>159 INDIAN BAYOU DRIVE</b>
CITY-ST-ZIP	<b>DESTIN FL</b>
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>Liufau, Dottie</b>
3.3 STREET ADDRESS	<b>159 Indian Bayou Dr.</b>
3.4 CITY-ST-ZIP	<b>Destin, FL 32541</b>
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(a), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **Dottie S. Liufau Sec. Treas.**  
DOTTIE S. LIUGAU  
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR

**3/9/95 837-1329**  
DATE DAYTIME PHONE #