


**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Jan 29, 2004 8:00 am
Secretary of State

01-29-2004 90024 005 ****61.25

DOCUMENT # N27315
1. Entity Name
AIRPORT PLACE I OWNERS ASSOCIATION, INC.



Principal Place of Business: **1209 AIRPORT RD. DESTIN FL 32541**
Mailing Address: **526 BAYVIEW ST. DESTIN FL 32541**

2. Principal Place of Business: Suite, Apt. #, etc.
3. Mailing Address: **520 BAYVIEW ST.**
Suite, Apt. #, etc.

City & State: **DESTIN, FL**

Zip: **32541** Country: **US**



MOORE CR2E037 (11/03)

6. Name and Address of Current Registered Agent
**KRAEMER, MARY
35 CLAYTON LANE
SANTA ROSA BEACH FL 32459**

4. FEI Number: **59-2925817**
Applied For: Not Applicable
5. Certificate of Status Desired: **\$8.75** Additional Fee Required

7. Name and Address of New Registered Agent
Name: _____
Street Address (P.O. Box Number is Not Acceptable): _____
City: _____ **FL** Zip Code: _____

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. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW: FEE IS \$61.25
Due By May 1, 2004**

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

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PTD	<input type="checkbox"/> Delete
NAME	YOUNG, BERT	
STREET ADDRESS	526 BAYVIEW ST.	
CITY-ST-ZIP	DESTIN FL 32541	
TITLE	VD	<input type="checkbox"/> Delete
NAME	ABBOTT, STEPHEN	
STREET ADDRESS	506 HWY 98 E.	
CITY-ST-ZIP	DESTIN FL 32541	
TITLE	SD	<input type="checkbox"/> Delete
NAME	WILSON, CHRIS	
STREET ADDRESS	1209 AIRPORT RD #3	
CITY-ST-ZIP	DESTIN FL 32541	
TITLE	D	<input type="checkbox"/> Delete
NAME	MANNON, JOEY	
STREET ADDRESS	1830 JACK DELOZIER DR.	
CITY-ST-ZIP	SEVIERVILLE TN 37876	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	520 BAYVIEW ST.	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-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 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: *Bert Young*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/21/04 *850/837-2907*
Date Daytime Phone #