

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Apr 12, 2006 8:00 am
Secretary of State

04-12-2006 90085 031 ****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

520 BAYVIEW ST.
DESTIN FL 32541

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

1209 Airport Rd, Ste 7
Suite, Apt. #, etc.

City & State

City & State
Destin FL

4. FEI Number

59-2925817

Applied For

Not Applicable

Zip

Country

Zip

Country

32541

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

1st MOORE

CR2E037 (10/05)



6. Name and Address of Current Registered Agent

KRAEMER, MARY
35 CLAYTON LANE
SANTA ROSA BEACH FL 32459

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 _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

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 checked="" type="checkbox"/> Delete
NAME	YOUNG, BERT	
STREET ADDRESS	520 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 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	
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 exemptions contained in Section 119, 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: _____

Chris Wilson

4/4/06 (850) 837-0100