

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 14, 2004 8:00 am
Secretary of State

04-28-2004 90293 011 ****61.25

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04152004 Chg-NP CR2E037 (10/03)

DOCUMENT # N93000005116					
1. Entity Name PEACHTREE PLACE MASTER ASSOCIATION, INC.					
Principal Place of Business 515 EAST BEACH DRIVE PANAMA CITY, FL 32401			Mailing Address 515 EAST BEACH DRIVE PANAMA CITY, FL 32401		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 59-3212415	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
BLUE, ROB JR 221 MCKENZIE AVENUE PANAMA CITY, FL				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 _____ <small>Signature, typed or printed name of registered agent and file if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS					
TITLE	PD	<input type="checkbox"/> Delete			
NAME	BAILEY, RODDIE F				
STREET ADDRESS	515 EAST BEACH DRIVE				
CITY - ST - ZIP	PANAMA CITY, FL 32401				
TITLE	STD	<input type="checkbox"/> Delete			
NAME	OLIVER, PAULA A.				
STREET ADDRESS	7510 LINDA LANE				
CITY - ST - ZIP	PANAMA CITY, FL				
TITLE	D	<input checked="" type="checkbox"/> Delete			
NAME	MCCLOSKEY, STEVE				
STREET ADDRESS	109 MILL CREEK CIRCLE				
CITY - ST - ZIP	DOTHAN, AL 36305				
TITLE		<input type="checkbox"/> Delete			
NAME					
STREET ADDRESS					
CITY - ST - ZIP					
TITLE		<input type="checkbox"/> Delete			
NAME					
STREET ADDRESS					
CITY - ST - ZIP					
TITLE		<input type="checkbox"/> Delete			
NAME					
STREET ADDRESS					
CITY - ST - ZIP					
TITLE		<input type="checkbox"/> Delete			
NAME					
STREET ADDRESS					
CITY - ST - ZIP					
11. Director ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
NAME	Barbara Stubbs				
STREET ADDRESS	6003 Crisbin Dr.				
CITY - ST - ZIP	Columbus GA 31909				
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: _____ (850) 230-8939					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					