

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N96000001510

1. Entity Name
HARRISON PLACE OWNERS ASSOCIATION, INC.



FILED
Jan 06, 2005 8:00 am
Secretary of State

01-06-2005 90003 038 ****61.25

Principal Place of Business
102 HARRISON PLACE
PANAMA CITY, FL 32405

Mailing Address
102 HARRISON PLACE
PANAMA CITY, FL 32405 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01032005 Chg-NP CR2E037 (10/03)

4. FEI Number
59-3374209

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MURPHY, ROYAL
1417 LUVERNE AVENUE
PANAMA CITY, FL 32401

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

Filing Fee is \$61.25
Due by May 1, 2005

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 VD ☐ Delete
NAME MOORE, PAT
STREET ADDRESS 107 HARRISON PLACE
CITY-ST-ZIP PANAMA CITY, FL 32405

TITLE TD ☐ Delete
NAME PRITCHARD, CHUCK
STREET ADDRESS 102 HARRISON PLACE
CITY-ST-ZIP PANAMA CITY, FL 32405

TITLE SD ☐ Delete
NAME ANDREWS, BOBBIE
STREET ADDRESS 211 HARRISON PLACE
CITY-ST-ZIP PANAMA CITY, FL 32405

TITLE PD ☒ Delete
NAME STANDEFER, WALTER
STREET ADDRESS 213 HARRISON PLACE
CITY-ST-ZIP PANAMA CITY, FL 32405

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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: C. D. Pritchard CHUCK PRITCHARD

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-3-05 850-785-1494

Date

Daytime Phone #