## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N97000001418

FILED Apr 30, 2006 Secretary of State

Entity Name: PEACHTREE PLACE (II) OWNERS ASSOCIATION, INC.

**Current Principal Place of Business: New Principal Place of Business:** 215 GRAND BLVD SUITE 200 MIRAMAR BEACH, FL 32550 US **New Mailing Address: Current Mailing Address:** 215 GRAND BLVD SUITE 200 MIRAMAR BEACH, FL 32550 US FEI Number: 59-3444223 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: GORMLEY, TERRY P 215 GRAND BLVD SUITE 200 MIRAMAR BEACH, FL 32550 US 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. SIGNATURE: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: DPT () Delete (X) Change ( ) Addition MCCLOSKEY, STEVE MCCLOSKEY, STEVE Name: Name: 17690 FRONT BEACH RD #D306 Address: 17690 FRONT BEACH RD #D306 Address: City-St-Zip: PANAMA CITY BEACH, FL 32413 US City-St-Zip: PANAMA CITY BEACH, FL 32413 US Title: () Delete Title: (X) Change ( ) Addition HAMILTON, MARTENA Name: COSPER, MARCUS Name: Address: 6909 GREEN MANOR DR Address: 2703 SOMERSET DR City-St-Zip: LOUISVILLE, KY 40218 US City-St-Zip: ALBANY, GA 31721 US Title: DS () Delete Title: () Change () Addition QUARLES, NORMA Name: Name: 17690 FRONT BEACH RD #C302 Address: Address: City-St-Zip: PANAMA CITY BEACH, FL 32413 US City-St-Zip: Title: () Delete Title: DV (X) Change ( ) Addition Name: STUBBS, BARBARA Name: STUBBS, BARBARA 6003 CRISBIN DR Address: 6003 CRISBIN DR Address: City-St-Zip: COLUMBUS, GA 31909 US City-St-Zip: COLUMBUS, GA 31909 US Title: () Delete Title: ( ) Change (X) Addition OLIVE, JOHNNY Name: Name: PO BOX 452 Address: Address: DOTHAN, AL 36302 US City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NORMA QUARLES DS 04/30/2006