

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000006559

FILED
Jan 14, 2011
Secretary of State

Entity Name: THE PALMS OF OKALOOSA ISLAND OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

670 NAUTILUS CT
FT WALTON BEACH, FL 32548 US

New Principal Place of Business:

Current Mailing Address:

43 MIRACLE STRIP PKWY SW
FORT WALTON BEACH, FL 32548 US

New Mailing Address:

C/O SOUTHERN ASSOCIATION MGMT
4608 OPA LOCKA LANE #300
DESTIN, FL 32541 US

FEI Number: 59-3491395

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SHOREY, RON
BROOKS AND SHOREY RESORTS, INC.
43 MIRACLE STRIP PARKWAY, SW
FORT WALTON BEACH, FL 32548 US

Name and Address of New Registered Agent:

SOUTHERN ASSOCIATION MANAGEMENT
4608 OPA LOCKA LANE
#300
DESTIN, FL 32541 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: JEFF CRESSE

01/14/2011

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: S
Name: WILDERMAN, FRANK JR
Address: 670 NAUTILUS #601
City-St-Zip: FORT WALTON BEACH, FL 32548

Title: VP/T
Name: FOSTER, TARA
Address: 670 NAUTILUS CT #602
City-St-Zip: FORT WALTON BEACH, FL 32548

Title: P
Name: ABSHIRE, WANDA
Address: 670 NAUTILUS CT #603
City-St-Zip: FORT WALTON BEACH, FL 32548

I hereby 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 all other like empowered.

SIGNATURE: JEFF CRESSE

CAM

01/14/2011

Electronic Signature of Signing Officer or Director

Date