

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2006 8:00 am
Secretary of State

04-28-2006 90162 042 ****61.25

DOCUMENT # N99000004455

1. Entity Name
**MIRAMAR PLAZA COMMERCIAL CONDOMINIUM
OWNERS ASSOCIATION, INC.**



Principal Place of Business
**12889 EMERALD COAST PARKWAY
SUITE 111-A
DESTIN, FL 32550**

Mailing Address
**12889 EMERALD COAST PARKWAY
SUITE 111-A
DESTIN, FL 32550**

DO NOT WRITE IN THIS SPACE



03292006 No Chg-NP CR2E037 (11/05)

4. FEI Number 59-3598004	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

**GRIMSLEY, JAMES W
25 WALTER MARTIN RD., N.E.
FORT WALTON BEACH, FL 32548**

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IN THIS SPACE**

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, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KNIGHT, MICHAEL M 150 INDIAN BAYOU DR. DESTIN, FL 32541
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSTD HENRY, THOMAS B 12889 EMERALD COAST PKWY STE 111-A MIRAMAR BEACH, FL 32550
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HENY, SUSAN J 12889 EMERALD COAST PKWY STE 111 - A MIRAMAR BEACH, FL 32550
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 *Shawn S. Henry*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/06 (850) 654-4818
Date Daytime Phone #