# 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: CHRIS WILSON

Electronic Signature of Signing Officer/Director Detail

# 1209 AIRPORT ROAD #3

## FEI Number: 59-2925817

### Name and Address of Current Registered Agent:

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: CHRIS WILSON

Electronic Signature of Registered Agent

#### **Officer/Director Detail :**

Title SD Name WILSON, CHRIS Address 1209 AIRPORT RD #3 City-State-Zip: DESTIN FL 32541

01/27/2016

DOCUMENT# N27315

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

Entity Name: AIRPORT PLACE I OWNERS ASSOCIATION, INC.

## **Current Principal Place of Business:**

1209 AIRPORT ROAD #3 DESTIN, FL 32541

## **Current Mailing Address:**

DESTIN. FL 32541 US

WILSON, CHRIS 1209 AIRPORT ROAD #3 DESTIN, FL 32541 US

## Certificate of Status Desired: No

01/27/2016 Date

Date

## FILED Jan 27, 2016 Secretary of State CC6581241791

OFFICER