FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 31 AM 10:24

DOCUMENT # 755955 (2)

1. Corporation Name

PERDIDO TOWERS OWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
16785 PERDIDO KEY DR PENSACOLA FL 32507	16785 PERDIDO KEY DR PENSACOLA FL 32507

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/20/1981
3a. Date of Last Report: 04/20/1994
4. FEI Number: 59-2142185 — Applied For ☐ Not Applicable ☐

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22
Suite, Apt. #, etc. — 27
City & State — 23
City & State — 28
Zip — 24 Country — 25
Zip — 29 Country — 30

5. Certificate of Status Desired ☒ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

MCCAFFREY, THOMAS M
16785 PERDIDO KEY DR.
PENSACOLA FL 32507

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	~~D~~	1.1 TITLE	~~REUTER, PAUL~~	☒ Change ☐ Addition
NAME	~~REUTER, PAUL~~	1.2 NAME		
STREET ADDRESS	~~2202 MEDFIELD TRAIL NE~~	1.3 STREET ADDRESS		
CITY-ST-ZIP	~~ATLANTA GA~~	1.4 CITY-ST-ZIP		
TITLE	~~SD~~	2.1 TITLE	SD	☒ Change ☐ Addition
NAME	~~BOTTOM, ALICE~~	2.2 NAME	BOTTOMS, ALICE	
STREET ADDRESS	~~16785 PERDIDO KEY DR #702~~	2.3 STREET ADDRESS	16785 PERDIDO KEY DR.	
CITY-ST-ZIP	~~PENSACOLA FL~~	2.4 CITY-ST-ZIP	PENSACOLA, FL. 32507	
TITLE	TD	3.1 TITLE	D	☒ Change ☐ Addition
NAME	PERRY, STEVE	3.2 NAME	REUTER, PAUL	
STREET ADDRESS	16785 PERDIDO KEY DR	3.3 STREET ADDRESS	16785 PERDIDO KEY DR.	
CITY-ST-ZIP	PENSACOLA FL	3.4 CITY-ST-ZIP	PENSACOLA, FL 32507	
TITLE	PD	4.1 TITLE		☐ Change ☐ Addition
NAME	MCCAFFREY, THOMAS M	4.2 NAME		
STREET ADDRESS	16785 PERDIDO KEY DR.	4.3 STREET ADDRESS		
CITY-ST-ZIP	PENSACOLA FL	4.4 CITY-ST-ZIP		
TITLE	VD	5.1 TITLE		☐ Change ☐ Addition
NAME	FENSTEMACHER, DALE	5.2 NAME		
STREET ADDRESS	16785 PERDIDO KEY DR	5.3 STREET ADDRESS		
CITY-ST-ZIP	PENSACOLA FL	5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Dale Fenstemacher DALE FENSTEMACHER 1/25/95 (904) 492-2809
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0021307