

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 07, 2001 8:00 am
Secretary of State

04-07-2001 90016 002 ****61.25

0017456

DOCUMENT # 755955

1. Entity Name

PERDIDO TOWERS OWNERS ASSOCIATION, INC.

Principal Place of Business

16785 PERDIDO KEY DR
 PENSACOLA FL 32507

Mailing Address

16785 PERDIDO KEY DR
 PENSACOLA FL 32507

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2142185

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

**\$5.00 May Be
 Added to Fees**

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MCCAFFREY, TOM 2220 NORTH FT THOMAS AVE FORT THOMAS KY 41075	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MIXON, LONNIE 16785 PERDIDO KEY DR PENSACOLA FL 32507	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD PETERMAN, LARRY 16785 PERDIDO KEY DR PENSACOLA FL 32507	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD FENSTEMACHER, DALE 16785 PERDIDO KEY DR PENSACOLA FL 32507	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Dunward Dupre 3929 Dove Creek Lane Plano, Tx. 75093	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Bill Norris P.O. Box 756 Abbeyville, La. 70511	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Robert Wilson 1 The Oaks Circle Birmingham, Al. 35244	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Alice Bottoms 1913 Canadair Court Daytona Beach, Fl. 32124	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

(WS) (B) (D) Notarized *Notarized* *4/4/01* *800-338-2609*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)