2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2002 8:00 am
Secretary of State
04-30-2002 90090 037 ****61.25

DOCUMENT # 755955

1. Entity 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

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	7. Name and Address of New Registered Agent
MCCAFFREY, THOMAS M 16785 PERDIDO KEY DR. PENSACOLA FL 32507	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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD SUNWARD, DUPRE 3929 DOVE CREEK LANE PLANO TX 75093	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD Tom McCaffrey 2220 North Ft. Thomas Ave Ft. Thomas, Ky. 41075 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD NORRIS, BILL PO BOX 756 ABBEYVILLE LA 70511	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD Dr. Willard Boggan 15 Eigneaglos Dr. Jackson, Miss. 39211 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD WILSON, ROBERT 1 THE OAKS CIRCLE BIRMINGHAM AL 35244	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD Wilson Robert 1 The Oaks Circle Birmingham, Al. 35244 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD BOTTOMS, ALICE 1913 CANADAIR CT DAYTONA BEACH FL 32124	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (9/01)

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: Robert Wilson SIGNATURE REQUIRED (Robert Wilson) 4.17.02 850.492.2809
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #