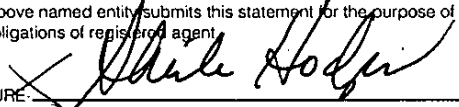


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 27, 2006 8:00 am
Secretary of State

02-27-2006 90057 011 ****61.25

DOCUMENT # 755955					
1. Entity Name PERDIDO TOWERS OWNERS ASSOCIATION, INC.					
Principal Place of Business 16785 PERDIDO KEY DR PENSACOLA, FL 32507			Mailing Address P.O. BOX 3608 PENSACOLA, FL 32518		
2. Principal Place of Business		3. Mailing Address PO Box 34009			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State Pensacola Florida		4. FEI Number 59-2142185	
Zip		Country USA		Applied For Not Applicable	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SWARR, FRANK 16785 PERDIDO KEY DR. PENSACOLA, FL 32507			7. Name and Address of New Registered Agent Name: Sheila Hodges-Meyer Reel Estate Street Address (P.O. Box Number is Not Acceptable) 16785 Perdido Key Drive City: Pensacola FL Zip Code: 32507		
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:  Sheila Hodges DATE: 2.18.06					
(NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FELDMAN, DAVID P.O. BOX 729 SUMMIT, MS. 39666	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BAUGH, ROY 17 AUGUSTINE DRIVE BROWNSBURG, IN 46112	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BRATTON, LYNN 4737 CLOUD LANE BIRMINGHAM, AL 35243	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KIRBY, DOUG 2408 BARAN VISTA PENSACOLA, FL 32503	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILSON, SANDRA 1 THE OAKS CIRCLE BIRMINGHAM, AL 35244	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD JONES, GLEN 4921 NEW PROVIDENCE AVE TAMPA, FL 33629	☐ Delete	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 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:  Sheila Hodges DATE: 2.18.06 DAYTIME PHONE #: 251-968-7516					
(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)					