

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 19, 2008 8:00 am**  
**Secretary of State**

02-19-2008 90022 038 \*\*\*\*61.25

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                         |                                                                                     |                                                              |                                                                                   |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|-------------------------------------------------------------------------------------|--------------------------------------------------------------|-----------------------------------------------------------------------------------|--|
| <b>DOCUMENT # 755955</b><br>1. Entity Name<br>PERDIDO TOWERS OWNERS ASSOCIATION, INC.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                         |                                                                                     |                                                              |  |  |
| Principal Place of Business<br>16785 PERDIDO KEY DR<br>PENSACOLA, FL 32507 US                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                         |                                                                                     | Mailing Address<br>P.O. BOX 34009<br>PENSACOLA, FL 32507 US  |                                                                                   |  |
| 2. Principal Place of Business - No P.O. Box #                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                         | 3. Mailing Address                                                                  |                                                              |                                                                                   |  |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                         | Suite, Apt. #, etc.                                                                 |                                                              |                                                                                   |  |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                         | City & State                                                                        |                                                              |                                                                                   |  |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Country                 | Zip                                                                                 | Country                                                      | 4. FEI Number<br>59-2142185                                                       |  |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                         |                                                                                     |                                                              | Applied For<br>Not Applicable                                                     |  |
| 6. Name and Address of Current Registered Agent                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                         |                                                                                     |                                                              | 7. Name and Address of New Registered Agent                                       |  |
| HODGES, SHEILA<br>MEYER REAL ESTATE<br>16785 PERDIDO KEY DRIVE<br>PENSACOLA, FL 32507                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                         |                                                                                     |                                                              | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br>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. I am familiar with, and accept the obligations of registered agent.                                                                                                                                                                                                                                                                                                                                                                                                                |                         |                                                                                     |                                                              |                                                                                   |  |
| SIGNATURE _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                         |                                                                                     |                                                              |                                                                                   |  |
| <b>Filing Fee is \$61.25</b><br><b>Due by May 1, 2008</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                         | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> |                                                              | <b>\$5.00 May Be</b><br><b>Added to Fees</b>                                      |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                         | <b>Make check payable to</b><br><b>Florida Department of State</b>                  |                                                              |                                                                                   |  |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                         |                                                                                     | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10        |                                                                                   |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | D                       | <input type="checkbox"/> Delete                                                     | TITLE                                                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | FELDMAN, DAVID          |                                                                                     | NAME                                                         |                                                                                   |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | P.O. BOX 729            |                                                                                     | STREET ADDRESS                                               |                                                                                   |  |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | SUMMIT, MS 39666        |                                                                                     | CITY-ST-ZIP                                                  |                                                                                   |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | PD                      | <input checked="" type="checkbox"/> Delete                                          | TITLE                                                        | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition      |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | BAUGH, ROY              |                                                                                     | NAME                                                         | P BAUGH, ROY                                                                      |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 17 AUGUSTINE DRIVE      |                                                                                     | STREET ADDRESS                                               | 17 AUGUSTINE DRIVE                                                                |  |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | BROWNSBURG, IN 46112    |                                                                                     | CITY-ST-ZIP                                                  | BROWNSBURG, IN 46112                                                              |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | D                       | <input type="checkbox"/> Delete                                                     | TITLE                                                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | ADAMS, THOMAS           |                                                                                     | NAME                                                         |                                                                                   |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 1046 WESTBROOKE WAY NE  |                                                                                     | STREET ADDRESS                                               |                                                                                   |  |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | ATLANTA, GA 30319       |                                                                                     | CITY-ST-ZIP                                                  |                                                                                   |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | D                       | <input checked="" type="checkbox"/> Delete                                          | TITLE                                                        | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition      |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | KIRBY, DOUG             |                                                                                     | NAME                                                         | D KIRBY, DOUG                                                                     |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 2408 BARAN VISTA        |                                                                                     | STREET ADDRESS                                               | 2400 BUENA VISTA STREET                                                           |  |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | PENSACOLA, FL 32503     |                                                                                     | CITY-ST-ZIP                                                  | PENSACOLA, FL 32503                                                               |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | SD                      | <input type="checkbox"/> Delete                                                     | TITLE                                                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | WILSON, SANDRA          |                                                                                     | NAME                                                         |                                                                                   |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 1 THE OAKS CIRCLE       |                                                                                     | STREET ADDRESS                                               |                                                                                   |  |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | BIRMINGHAM, AL 35244    |                                                                                     | CITY-ST-ZIP                                                  |                                                                                   |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | TD                      | <input type="checkbox"/> Delete                                                     | TITLE                                                        | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition      |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | JONES, GLEN             |                                                                                     | NAME                                                         | T JONES, GLEN                                                                     |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 4921 NEW PROVIDENCE AVE |                                                                                     | STREET ADDRESS                                               | 3203 BAYSHORE BLVD UNIT 201                                                       |  |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | TAMPA, FL 33629         |                                                                                     | CITY-ST-ZIP                                                  | TAMPA, FL 33629                                                                   |  |
| 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. |                         |                                                                                     |                                                              |                                                                                   |  |
| <b>SIGNATURE:</b> <i>Roy L. Baugh</i><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                         |                                                                                     | Date: 1-19-08 317-682-8209<br><small>Daytime Phone #</small> |                                                                                   |  |

ATTACHMENT

40027787  
#755955

2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT

2<sup>ND</sup> ADDITIONAL PAGE

DOCUMENT # 755955

1. Entity Name: PERDIDO TOWERS OWNERS ASSOCIATION, INC  
16785 PERDIDO KEY DRIVE  
PENSACOLA, FL 32507 US

PLEASE ADD THE ADDITIONAL OFFICERS AND DIRECTORS TO THE REPORT.

Title- Vice-President  
Name- Timothy A. Larson  
Address- 16785 Perdido Key Drive Apt#701E  
City-ST-Zip- Pensacola, FL 32507

Title- Director  
Name- Mary Coral Murphree  
Address- 1313 Sierra Blvd. SE  
City-ST-Zip- Huntsville, AL 35801

Title- Director  
Name- Donna Flower  
Address- 1476 Calhoun Street  
City-ST-Zip- New Orleans, LA 70118

Title- Director  
Name- Wayne Dawson  
Address- 6606 Highway 98 West Suite 1  
City-ST-Zip- Hattiesburg, MS 39402

Title- Director  
Name- Bill McGehee  
Address- 404 South Street  
City-ST-Zip- Talladega, AL 35160