

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 19, 2003 8:00 am
Secretary of State

05-19-2003 90223 034 ****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

**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

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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **ID** ☒ Delete
NAME **MCCAFFREY, TOM**
STREET ADDRESS **2220 NORTH FT. THOMAS AVENUE**
CITY-ST-ZIP **FORT THOMAS KY 41075**

TITLE **PD** ☐ Change ☒ Addition
NAME **Marrioneaux, Pat**
STREET ADDRESS **78530 Musson Lane**
CITY-ST-ZIP **Maringouin, LA 70757**

TITLE **VD** ☒ Delete
NAME **BOGGAN, WILLARD DR.**
STREET ADDRESS **15 GLENEAGLE DRIVE**
CITY-ST-ZIP **JACKSON MS 39211**

TITLE **TD** ☐ Change ☒ Addition
NAME **DiMarco, Dennis**
STREET ADDRESS **445 LaBarre Drive**
CITY-ST-ZIP **Metairie, LA 70001**

TITLE **PD** ☒ Delete
NAME **WILSON, ROBERT**
STREET ADDRESS **1 THE OAKS CIRCLE**
CITY-ST-ZIP **BIRMINGHAM AL 35244**

TITLE **SD** ☐ Change ☒ Addition
NAME **Kelly, Norma**
STREET ADDRESS **545 Coalville Drive**
CITY-ST-ZIP **Lawrenceville, Ga 30045**

TITLE **SD** ☒ Delete
NAME **BOTTOMS, ALICE**
STREET ADDRESS **1913 CANADAIR CT**
CITY-ST-ZIP **DAYTONA BEACH FL 32124**

TITLE **D** ☐ Change ☒ Addition
NAME **Pendergrast, Hunt**
STREET ADDRESS **16785 Perdido Key Dr. #1003**
CITY-ST-ZIP **Pensacola, FL 32507**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Change ☒ Addition
NAME **Henderson, Fred**
STREET ADDRESS **630 Appaloosa Spur**
CITY-ST-ZIP **Pikr Road, AL 36064**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: Norma Kelly, Secretary Board of Directors

5/14/03 *850) 492-280

CR2E037 (10/02)