

FILE NOW: FILING FEE IS \$61.25

Due by 5/

FILED  
Apr 22, 1999 8:00 am  
Secretary of State

04-22-1999 90248 048 \*\*\*\*61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N96000003091

1. Corporation Name

PERDIDO SKYE OWNER'S ASSOCIATION, INC.

Principal Place of Business

113 BAYBRIDGE PROFESSIONAL PARK  
GULF BREEZE FL 32561

Mailing Address

113 BAYBRIDGE PROFESSIONAL PARK  
GULF BREEZE FL 32561

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City &amp; State

27 City &amp; State

23 Zip Country

28 Zip Country

24 25 29 30

3. Date Incorporated or Qualified

06/11/1996

4. FEI Number

59-3396645

Applied For

Not Applicable

5. Certificate of Status Desired ☐\$8.75 Additional  
Fee Required6. Election Campaign Financing ☐

Trust Fund Contribution

\$5.00 May Be  
Added to Fees

9. Name and Address of Current Registered Agent

CAMPBELL, JAMES S  
BEGGS & LANE  
3 W. GARDEN ST., 7TH FLOOR  
PENSACOLA FL 32501

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

TITLE ☐ DELETENAME PD  
MACQUEEN, JULIAN B  
STREET ADDRESS 113 BAYBRIDGE PROFESSIONAL PARK  
CITY-ST-ZIP GULF BREEZE FL 32561TITLE ☐ DELETENAME VD  
PARKER, AL  
STREET ADDRESS 113 BAYBRIDGE PROFESSIONAL PARK  
CITY-ST-ZIP GULF BREEZE FL 32561TITLE ☐ DELETENAME STD  
WIEGNER, ROGER  
STREET ADDRESS 2889 WHISPER LAKE DRIVE  
CITY-ST-ZIP GULF BREEZE FL 32561TITLE ☐ DELETENAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ DELETENAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ DELETENAME  
STREET ADDRESS  
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E037 (11/98)