

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 07, 2005 8:00 am**  
**Secretary of State**

02-07-2005 90056 013 \*\*\*\*61.25

<b>DOCUMENT # N96000003091</b> 1. Entity Name PERDIDO SKYE OWNER'S ASSOCIATION, INC.					
Principal Place of Business 14620 PERDIDO KEY DRIVE PENSACOLA, FL 32507			Mailing Address PO BOX 3147 PENSACOLA, FL 32516		
2. Principal Place of Business <i>14758 Perdido Key Dr</i>		3. Mailing Address <i>SAME</i>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State <i>PENSACOLA FL</i>		City & State <i>SAME</i>		4. FEI Number 59-3396645	
Zip <i>32507</i>		Country <i>USA</i>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  LEIB, WILLIAM D 14620 PERDIDO KEY DRIVE PENSACOLA, FL 32507				7. Name and Address of New Registered Agent Name <i>SUSAN CARLETON</i> Street Address (P.O. Box Number is Not Acceptable) <i>14758 PERDIDO KEY DRIVE</i> City <i>PENSACOLA</i> FL Zip Code <i>32507</i>	
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 _____ <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 Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ID CANTRELL, PATRICIA 1208 NORTON COURT BRENTWOOD, TN 37027	<input type="checkbox"/> Delete	TITLE PD NAME STREET ADDRESS CITY-ST-ZIP	BOB KING 6076 CASCADE HILL COVE Bartlett TN 38135	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KING, BOB 6076 CASCADE HILL COVE BARTLETT, TN 38135	<input type="checkbox"/> Delete	TITLE VD NAME STREET ADDRESS CITY-ST-ZIP	SEAN ELLIS 10008 Spring Ridge Rd Terry MS 39170	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ELLIS, SEAN 10008 SPRING RIDGE RD TERRY, MS 39170	<input type="checkbox"/> Delete	TITLE S/TD NAME STREET ADDRESS CITY-ST-ZIP	SUZANNE STAYER 909 LEON ST. DE FENCE, OH 43512	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Sue Stayer - S/T	<input type="checkbox"/> Delete	TITLE D NAME STREET ADDRESS CITY-ST-ZIP	PAT CANTRELL 1208 NORTON COURT BRENTWOOD - TN 38135	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Bill Andrew 6001 SAUFLEY PINES RD Pen. FL 32506	<input type="checkbox"/> Delete	TITLE D NAME STREET ADDRESS CITY-ST-ZIP	Bill Andrew 6001 SAUFLEY PINES RD Pen. FL 32506	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Bill Andrew 6001 SAUFLEY PINES RD Pen. FL 32506	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Bill Andrew 6001 SAUFLEY PINES RD Pen. FL 32506	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 files empowered.					
<b>SIGNATURE:</b> <i>Bob King</i>		Bob King - President		2-3-05 850-492-8622	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	