


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Mar 22, 2006 8:00 am
Secretary of State**

02-13-2006 90021 032 ****61.25

DOCUMENT # N96000003091 1. Entity Name PERDIDO SKYE OWNER'S ASSOCIATION, INC.	
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Principal Place of Business 14758 PERDIDO KEY DRIVE PENSACOLA, FL 32507	Mailing Address PO BOX 3147 PENSACOLA, FL 32516
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DO NOT WRITE IN THIS SPACE



01262006 No Chg-NP CR2E037 (11/05)

4. FEI Number 59-3396645	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent CARLETON, SUSAN 14758 PERDIDO KEY DRIVE PENSACOLA, FL 32507	DO NOT WRITE IN THIS SPACE
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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 renewing) DATE

Filing Fee is \$61.25 Due by May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE PD NAME KING, BOB STREET ADDRESS 6076 CASCADE HILL COVE CITY-ST-ZIP BARTLETT, TN 38135	DO NOT WRITE IN THIS SPACE
TITLE VD NAME ELLIS, SEAN STREET ADDRESS 10008 SPRING RIDGE RD CITY-ST-ZIP TERRY, MS 39170	
TITLE STD NAME STEYER, SUZANNE STREET ADDRESS 909 LEON ST CITY-ST-ZIP DEFIANCE, OH 43512	
TITLE D NAME CANTRELL, PAT STREET ADDRESS 1208 NORTON COURT CITY-ST-ZIP BRENTWOOD, TN 38135	
TITLE D NAME ANDREW-BILL STREET ADDRESS 6001 SAUFLEY PINES RD CITY-ST-ZIP PENSACOLA, FL 32508	
TITLE D NAME KYE HOWELL STREET ADDRESS 4034 WOODBINE DR CITY-ST-ZIP PENSACOLA, FL 32508	

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: _____ *President 3/15/06*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

901-335-6749



ATTACHMENT
66006381

FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 16, 2006

PERDIDO SKYE OWNER'S ASSOCIATION, INC.
PO BOX 3147
PENSACOLA, FL 32516

Subject: **PERDIDO SKYE OWNER'S ASSOCIATION, INC.**

Reference Number: **N96000003091**

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$61.25; however, the report **has not been filed** and a copy is being returned for the following correction(s):

The annual report/uniform business report must be signed by an officer or director of the corporation.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

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ANNUAL REPORTS SECTION