

2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

APPROVED
AND
FILED

DOCUMENT # 755955

1. Entity Name
PERDIDO TOWERS OWNERS ASSOCIATION, INC.



07 NOV 16 PM 4:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2011-26-07



Principal Place of Business
16785 PERDIDO KEY DR
PENSACOLA, FL 32507 US

Mailing Address
P.O. BOX 34009
PENSACOLA, FL 32507 US

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

10252007 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number
59-2142185

Applied For
Not Applicable

Zip

Country

Zip

Country

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

HODGES, SHEILA
MEYER REAL ESTATE
16785 PERDIDO KEY DRIVE
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

600112439326
11/29/07--01007--006 **\$61.25

Amended AR 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

TITLE ☒ D ☐ Delete
NAME FELDMAN, DAVID
STREET ADDRESS P.O. BOX 729
CITY-ST-ZIP SUMMIT, MS 39666

TITLE ☒ PD ☐ Delete
NAME BAUGH, ROY
STREET ADDRESS 17 AUGUSTINE DRIVE
CITY-ST-ZIP BROWNSBURG, IN 46112

TITLE ☒ D ☐ Delete
NAME ADAMS, THOMAS
STREET ADDRESS 1046 WESTBROOKE WAY NE
CITY-ST-ZIP ATLANTA, GA 30319

TITLE ☒ D ☐ Delete
NAME KIRBY, DOUG
STREET ADDRESS 2408 BARAN VISTA
CITY-ST-ZIP PENSACOLA, FL 32503

TITLE ☒ SD ☐ Delete
NAME WILSON, SANDRA
STREET ADDRESS 1 THE OAKS CIRCLE
CITY-ST-ZIP BIRMINGHAM, AL 35244

TITLE ☒ TD ☐ Delete
NAME JONES, GLEN
STREET ADDRESS 4921 NEW PROVIDENCE AVE
CITY-ST-ZIP TAMPA, FL 33629

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☒ V ☐ Change ☒ Addition
NAME Timothy A Larson
STREET ADDRESS 16785 Perdido Key Dr Apt 701 E
CITY-ST-ZIP Pensacola, FL 32507

TITLE ☒ D ☐ Change ☒ Addition
NAME Donna Flower
STREET ADDRESS 1476 Calhoun St
CITY-ST-ZIP New Orleans, LA 70118

TITLE ☒ D ☐ Change ☒ Addition
NAME WAYNE Dawson
STREET ADDRESS 6606 Highway 98 West Suite 1
CITY-ST-ZIP Hattiesburg, MS 39402

TITLE ☒ D ☐ Change ☒ Addition
NAME Bill McGehee
STREET ADDRESS 404 South St
CITY-ST-ZIP Talladega AL 35160

TITLE ☒ D ☐ Change ☒ Addition
NAME Mary Coral murphree
STREET ADDRESS 1313 Sierra BludSE
CITY-ST-ZIP Huntsville AL 35801

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 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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11-15-07 317-892-3424