

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 755955

FILED
Mar 02, 2009
Secretary of State

Entity Name: PERDIDO TOWERS OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

16785 PERDIDO KEY DR
PENSACOLA, FL 32507

New Principal Place of Business:

Current Mailing Address:

PO BOX 34412
PENSACOLA, FL 32507

New Mailing Address:

FEI Number: 59-2142185

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ERIS, GRACE
14508 PERDIDO KEY DR
PENSACOLA, FL 32507 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: FELDMAN, DAVID
Address: P.O. BOX 729
City-St-Zip: SUMMIT, MS 39666

Title: D () Delete
Name: BAUGH, ROY
Address: 19 AUGUSTINE DRIVE
City-St-Zip: BROWNSBURG, IN 46113

Title: D () Delete
Name: ADAMS, THOMAS
Address: 1046 WESTBROOKE WAY NE
City-St-Zip: ATLANTA, GA 30319

Title: D () Delete
Name: KIRBY, DOUG
Address: 2400 BUENA VISTA STREET
City-St-Zip: PENSACOLA, FL 32503

Title: SD () Delete
Name: WILSON, SANDRA
Address: 1 THE OAKS CIRCLE
City-St-Zip: BIRMINGHAM, AL 35244

Title: TD () Delete
Name: JONES, GLENN
Address: 8203 BAYSHORE BLVD UNIT 301
City-St-Zip: TAMPA, FL 33629

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: LARSON, TIMOTHY A
Address: 16785 PERDIDO KEY DR #701E
City-St-Zip: PENSACOLA, FL 32507

Title: VP (X) Change () Addition
Name: BAUGH, ROY
Address: 19 AUGUSTINE DRIVE
City-St-Zip: BROWNSBURG, IN 46113

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: TD (X) Change () Addition
Name: KIRBY, DOUG
Address: 2400 BUENA VISTA STREET
City-St-Zip: PENSACOLA, FL 32503

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GRACE K. ERIS

CAM

03/02/2009

Electronic Signature of Signing Officer or Director

Date