

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000003091

FILED
Apr 07, 2009
Secretary of State

Entity Name: PERDIDO SKYE OWNER'S ASSOCIATION, INC.

Current Principal Place of Business:

14758 PERDIDO KEY DRIVE
PENSACOLA, FL 32507

New Principal Place of Business:

Current Mailing Address:

PO BOX 34200
PENSACOLA, FL 32507

New Mailing Address:

FEI Number: 59-3396645

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STEPHENSON, BRIAN
5006 CHOCTAW AVE
PENSACOLA, FL 32507 US

Name and Address of New Registered Agent:

STEPHENSON, BRIAN
13753 PERDIDO KEY DRIVE
PENSACOLA, FL 32507 US

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: BRIAN STEPHENSON

04/07/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: TD () Delete
Name: SALLEY, JERRY
Address: 108 BALLENTAE COURT
City-St-Zip: HENDERSONVILLE, TN 37075

Title: VD () Delete
Name: HOPKINS, KELLY
Address: 104 DUNN STREET
City-St-Zip: DEKALB, TX 75559

Title: SD () Delete
Name: BARR, GREGORY
Address: 1825 CEDAR CLIFF DRIVE
City-St-Zip: SMYRNA, GA 30080

Title: D () Delete
Name: CIAMAICHELA, RITA
Address: 632 OAK GLEN DRIVE
City-St-Zip: BIRMINGHAM, AL 35244

Title: PD () Delete
Name: HOWELL, KYE
Address: 4034 WOODBINE DR
City-St-Zip: VILLA RICA, GA 30180

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: SD (X) Change () Addition
Name: ZIBBY, MICHAEL
Address: 5587 MURRAY #104
City-St-Zip: MEMPHIS, TN 38119

Title: D (X) Change () Addition
Name: ANDREW, BILL
Address: 6001 SAUFLEY PINES ROAD
City-St-Zip: PENSACOLA, FL 32526

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: KYE HOWELL

PD

04/07/2009

Electronic Signature of Signing Officer or Director

Date