| I hereby 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 all other like empowered.   |

SIGNATURE: DUKE DUPREE

Electronic Signature of Signing Officer/Director Detail

# DOCUMENT# 755955

#### Entity Name: PERDIDO TOWERS OWNERS ASSOCIATION, INC.

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

#### **Current Principal Place of Business:**

16785 PERDIDO KEY DR PENSACOLA, FL 32507

## **Current Mailing Address:**

16785 PERDIDO KEY DRIVE PENSACOLA, FL 32507 US

## FEI Number: 59-2142185

## Name and Address of Current Registered Agent:

SCHULTZ, MARY JO 16785 PERDIDO KEY DR 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:                | MARY JO SCHULTZ                          |                 |                      | 03/24/2014 |  |
|---------------------------|--|-----------------|----------------------|------------|--|
|                           | Electronic Signature of Registered Agent |                 |                      | Date       |  |
| Officer/Director Detail : |  |                 |                      |            |  |
| Title                     | TR                                       | Title           | PRESIDENT            |            |  |
| Name L                    | LARSON, TIMOTHY A                        | Name            | DUPREE, DUKE         |            |  |
| Address                   | 16785 PERDIDO KEY DR #701E               | Address         | 3929 DOVE CREEK LANE |            |  |
| City-State-Zip: F         | PENSACOLA FL 32507                       | City-State-Zip: | PLANO TX 75093       |            |  |
| Title                     | VP                                       | Title           | SEC                  |            |  |
| Name A                    | ADAMS, THOMAS                            | Name            | WILSON, SANDRA       |            |  |
| Address                   | 1046 WESTBROOKE WAYNE                    | Address         | 1 THE OAKS CIRCLE    |            |  |
| City-State-Zip:           | ATLANTA GA 30319                         | City-State-Zip: | BIRMINGHAM AL 35244  |            |  |
| Title [                   | D  |                 |                      |            |  |
| Name .                    | JONES, GLENN                             |                 |                      |            |  |
| Address 8                 | 8203 BAYSHORE BLVD UNIT 301              |                 |                      |            |  |
| City-State-Zip:           | TAMPA FL 33629                           |                 |                      |            |  |

PRESIDENT

Certificate of Status Desired: Yes

FILED Mar 24, 2014 Secretary of State CC6459501928

> 03/24/2014 Date