

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 770863

**Entity Name:** THE MOORINGS OF PERDIDO KEY II, INC.

**Current Principal Place of Business:**

C/O JOHN WELCH  
1017 NORTH 12TH AVENUE  
PENSACOLA, FL 32501

**Current Mailing Address:**

GWEN MANISCALCO  
4608 ALEXANDER DRIVE  
METAIRIE, LA 70003

**FEI Number: 58-1777098**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

WELCH, JOHN PREG. AG  
1017 NORTH 12TH AVENUE  
PENSACOLA, FL 32501 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title PD  
Name MANISCALCO, GWEN HMRS  
Address 4608 ALEXANDER DR  
City-State-Zip: METAIRIE LA 70003

Title VD  
Name BRUCE, DAVID  
Address 4000 NORTH LABARRE ROAD  
City-State-Zip: METAIRIE LA 70002

Title STD  
Name PEASE, HERB  
Address 4717 FLETCHER DR  
City-State-Zip: FORT WORTH TX 76107

Title D  
Name GORDON, JOHN  
Address 4516 SHERIDAN AVE  
City-State-Zip: METAIRIE LA 70002

*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: GWEN MANISCALCO**

**PRESIDENT**

**03/17/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date