

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N06000007075

**Entity Name:** LA BELLE MAISON CONDOMINIUM OWNERS ASSOCIATION, INC.**FILED**  
**Jan 17, 2018**  
**Secretary of State**  
**CC1798927092****Current Principal Place of Business:**16497 PERDIDO KEY DR  
PENSACOLA, FL 32507**Current Mailing Address:**C/O PERDIDO SAND REALTY, INC.  
5615 BAUER ROAD  
PENSACOLA, FL 32507 US**FEI Number: 20-5154984****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**MCDONALD, FLEMING AND MOORHEAD  
5615 BAUER ROAD  
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: JAY A. FRASIER****01/17/2018**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	P
Name	MOTE, STEVE
Address	2923 5TH AVE SOUTH
City-State-Zip:	BIRMINGHAM AL 35233

Title	S
Name	WHITE, DEBBIE
Address	P O BOX 1944
City-State-Zip:	MONTGOMERY AL 36102

Title	TREASURER
Name	WHALEN, PATRICK
Address	BOX 249
City-State-Zip:	COLCHESTER IL 62326

Title	DIRECTOR
Name	SKINNER, JACKIE
Address	15372 HUGH RUSSELL DRIVE
City-State-Zip:	NORTHPORT AL 35475

Title	DIRECTOR
Name	JAMES, DON
Address	16497 PERDIDO KEY DRIVE UNIT 602
City-State-Zip:	PENSACOLA FL 32507

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: STEVE MOTE****PRESIDENT****01/17/2018**

Electronic Signature of Signing Officer/Director Detail

Date