

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N96000003091

**Entity Name:** PERDIDO SKYE OWNER'S ASSOCIATION, INC.**Current Principal Place of Business:**13758 PERDIDO KEY DRIVE  
PENSACOLA, FL 32507**Current Mailing Address:**PO BOX 34200  
PENSACOLA, FL 32507**FEI Number:** 59-3396645**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**STEPHENSON, BRIAN  
14000 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:**\_\_\_\_\_  
Electronic Signature of Registered Agent\_\_\_\_\_  
Date**Officer/Director Detail :**

Title	S
Name	TIM, LAZAROE
Address	10817 SHOE CREEK DR
City-State-Zip:	BATON ROUGE LA 70818

Title	P
Name	HOPKINS, KELLY
Address	104 DUNN STREET
City-State-Zip:	DEKALB TX 75559

Title	T
Name	ZIBBY, MICHAEL
Address	5587 MURRAY #104
City-State-Zip:	MEMPHIS TN 38119

Title	D
Name	ANDREW, BILL
Address	6001 SAUFLEY PINES ROAD
City-State-Zip:	PENSACOLA FL 32526

Title	VP
Name	HOWELL, KYE
Address	4034 WOODBINE DR
City-State-Zip:	VILLA RICA GA 30180

*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:** KELLY HOPKINS**PRESIDENT****03/21/2014**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date