SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 0, 1995.
AMOUNT DUE ON OR BEFORE 8/0/95: $155 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $305)

NONPROFIT CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUL 25 AM 8:06

DOCUMENT # **719246** **(1)**

1. Corporation Name

PERDIDO KEY ASSOCIATION, INCORPORATED

Principal Place of Business	Mailing Address
14178 RIVER RD/PO BOX 34001 #E PENSACOLA FL 32507 US	14178 RIVER RD/PO BOX 34001 #E PENSACOLA FL 32507 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/02/1970
3a. Date of Last Report: 05/25/1994
4. FEI Number: 23-7156512 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☒ XX — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ — FILING FEE IS $61.25
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ XX No

2. Principal Place of Business	2a. Mailing Address
21 14048 WATWEVIEW DRIVE	26 P.O. BOX 34001
Suite, Apt. #, etc. 22 P.O. BOX 34001	Suite, Apt. #, etc. 27
City & State 23 PENSACOLA, FLORIDA	City & State 28 PENSACOLA, FLORIDA
Zip / Country 24 32507 / 25 USA	Zip / Country 29 32507 / 30 USA

9. Name and Address of Current Registered Agent

WALTER, AYMOND E
16560 PERDIDO KEY DR
PENSACOLA FL 32507

10. Name and Address of New Registered Agent

31 Name: GLENN H. SCHNEITER
32 Street Address (P.O. Box Number is Not Acceptable): 14048 WATERVIEW DRIVE
33:
34 City: PENSACOLA FL 35 Zip Code: 32507

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: Glenn H. Schneiter GLENN H. Schneiter TREASURER July 19, 1995
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS-CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	11 TITLE	D	☒ Change ☐ Addition
NAME	WALTER, AYMOND E	12 NAME	WALTER, AYMOND E.	
STREET ADDRESS	16560 PERDIDO KEY DR	13 STREET ADDRESS	16560 PERDIDO KEY DRIVE	
CITY-ST-ZIP	PENSACOLA FL	14 CITY-ST-ZIP	PENSACOLA, FL	
TITLE	D	21 TITLE		☐ Change ☐ Addition
NAME	HALLIGAN, JOHN L	22 NAME		
STREET ADDRESS	422 BUNKER HILL DR	23 STREET ADDRESS		
CITY-ST-ZIP	PENSACOLA FL	24 CITY-ST-ZIP		
TITLE	S	31 TITLE	T/D	XX Change ☐ Addition
NAME	FREIDEMAN, NAN	32 NAME	SCHNEITER, GLENN H.	
STREET ADDRESS	16787 PERDIDO KEY DR	33 STREET ADDRESS	14048 WATERVIEW DRIVE	
CITY-ST-ZIP	PENSACOLA FL	34 CITY-ST-ZIP	PENSACOLA, FL	
TITLE	T	41 TITLE	D	XX Change ☐ Addition
NAME	DUBOSE, WILLIAM	42 NAME	DUBOSE, WILLIAM	
STREET ADDRESS	14146 RIVER RD	43 STREET ADDRESS	14146 RIVER ROAD	
CITY-ST-ZIP	PENSACOLA FL	44 CITY-ST-ZIP	PENSACOLA, FL	
TITLE	D	51 TITLE		☐ Change ☐ Addition
NAME	MATTSON, BONNIE	52 NAME		
STREET ADDRESS	13838 RIVER RD.	53 STREET ADDRESS		
CITY-ST-ZIP	PENSACOLA FL	54 CITY-ST-ZIP		
TITLE	D	61 TITLE	S/D	XX Change ☐ Addition
NAME	SCHURR, ED	62 NAME	SCHURR, ED	
STREET ADDRESS	13753 PERDIDO KEY DR 314	63 STREET ADDRESS	13753 PERDIDO KEY DRIVE 314	
CITY-ST-ZIP	PENSACOLA FL	64 CITY-ST-ZIP	PENSACOLA, FL	

CR2E037 (3/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Glenn H. Schneiter GLENN H. Schneiter July 19, 1995 904 432-5115
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0016330