

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **719246**

(1)

1. Corporation Name

PERDIDO KEY ASSOCIATION, INCORPORATED



Principal Place of Business

Mailing Address

**14048 WATERVIEW DR
P O BOX 34001
PENSACOLA FL 32507
US**

**P O BOX 34001
#E
PENSACOLA FL 32507
US**

3. Date incorporated or Qualified
09/02/1970

3a. Date of Last Report
07/25/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

23-7156512

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution



**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes



Yes ☐ No ☐

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SCHNEITER, GLENN H
14048 WATERVIEW DR
PENSACOLA FL 32507**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

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 **D** ☒ DELETE
NAME **WALTER, AYMOND E**
STREET ADDRESS **16580 PERDIDO KEY DR**
CITY-ST-ZIP **PENSACOLA FL**

1.1 TITLE **S/T/D** ☐ Change ☒ Addition
1.2 NAME **DEBORAH, SCHNEITER A.**
1.3 STREET ADDRESS **14048 WATERVIEW DRIVE**
1.4 CITY-ST-ZIP **PENSACOLA FL 32507**

TITLE **D** ☒ DELETE
NAME **HALLIGAN, JOHN L**
STREET ADDRESS **422 BUNKER HILL DR**
CITY-ST-ZIP **PENSACOLA FL**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE **TD** ☐ DELETE
NAME **SCHNEITER, GLENN H**
STREET ADDRESS **14048 WATERVIEW DR**
CITY-ST-ZIP **PENSACOLA FL**

3.1 TITLE **P/D** ☒ Change ☐ Addition
3.2 NAME **SCHNEITER, GLENN H.**
3.3 STREET ADDRESS **14048 WATERVIEW DRIVE**
3.4 CITY-ST-ZIP **PENSACOLA FL**

TITLE **D** ☐ DELETE
NAME **DUBOSE, WILLIAM**
STREET ADDRESS **14146 RIVER RD**
CITY-ST-ZIP **PENSACOLA FL**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE **D** ☒ DELETE
NAME **MATTSON, BONNIE**
STREET ADDRESS **13836 RIVER RD.**
CITY-ST-ZIP **PENSACOLA FL**

5.1 TITLE **V/D** ☐ Change ☒ Addition
5.2 NAME **JAMES FOURNIER**
5.3 STREET ADDRESS **PO BOX 34462 NA**
5.4 CITY-ST-ZIP **PENSACOLA FL**

TITLE **SD** ☐ DELETE
NAME **SCHURR, ED**
STREET ADDRESS **13753 PERDIDO KEY DR 314**
CITY-ST-ZIP **PENSACOLA FL**

6.1 TITLE ☒ Change ☐ Addition
6.2 NAME **SCHURR, ED**
6.3 STREET ADDRESS **13753 PERDIDO KEY DRIVE**
6.4 CITY-ST-ZIP **PENSACOLA FL**

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)(k), 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

march 21, 1996 9044325115

Date

Daytime Phone #

CR2E037 (12/95)