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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1998

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

3. Date Incorporated or Qualified: 09/02/1970

4. FEI Number: 23-7156512 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business		2a. Mailing Address	P.O. Box 34001
21		26	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
22		27	
City & State		City & State	Pensacola FL
23		28	
Zip	Country	Zip	Country
24	25	29 32507	30 US

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

SCHNEITER, GLENN H
14048 WATERVIEW DR
PENSACOLA FL 32507

10. Name and Address of New Registered Agent

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	STD	☐ DELETE	1.1 TITLE	D	☒ Change ☐ Addition
NAME	SCHNEITER, DEBORAH A.		1.2 NAME		
STREET ADDRESS	14048 WATERVIEW DRIVE		1.3 STREET ADDRESS		
CITY-ST-ZIP	PENSACOLA FL		1.4 CITY-ST-ZIP		
TITLE	PD	☐ DELETE	2.1 TITLE	S/D/T	☒ Change ☐ Addition
NAME	SCHNEITER, GLENN H.		2.2 NAME		
STREET ADDRESS	14048 WATERVIEW DRIVE		2.3 STREET ADDRESS		
CITY-ST-ZIP	PENSACOLA FL		2.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	SARAJIAN, JANE		3.2 NAME		
STREET ADDRESS	17283 PERDIDO KEY DR.		3.3 STREET ADDRESS		
CITY-ST-ZIP	PENSACOLA FL		3.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	4.1 TITLE	D	☐ Change ☒ Addition
NAME	DUBOSE, WILLIAM		4.2 NAME	Elizabeth Taylor	
STREET ADDRESS	14146 RIVER RD		4.3 STREET ADDRESS	17351 Perdido Key DR. Unit 4	
CITY-ST-ZIP	PENSACOLA FL		4.4 CITY-ST-ZIP	Pensacola, FL 32507	
TITLE	VD	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	FOURNIER, JAMES		5.2 NAME		
STREET ADDRESS	P.O. BOX 34462 N/A		5.3 STREET ADDRESS		
CITY-ST-ZIP	PENSACOLA FL		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE	P/D	☒ Change ☐ Addition
NAME	SARAJIAN, HARRY		6.2 NAME		
STREET ADDRESS	17283 PERDIDIO KEY DR.		6.3 STREET ADDRESS		
CITY-ST-ZIP	PENSACOLA FL		6.4 CITY-ST-ZIP		

CR2E037 (10/97)

14. I hereby certify that the information supplied with this filing 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 FILED Jan 18, 98 850-432-5115