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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 719246

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 PENSACOLA FL 32507 US

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualifed
21 16560 Perdido Key Dr	26	09/02/1970
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.	4. FEI Number -23-7156512- ☐ Applied For ☐ Not Applicable
23 City & State: Pensacola, Florida	28 City & State	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
24 Zip: 32507 25 Country: USA	29 Zip 30 Country	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

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: Walter Aymond
82 Street Address (P.O. Box Number is Not Acceptable): 16560 Perdido Key Dr
83
84 City: Pensacola FL 85 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: WALTER E AYMOND
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	D SCHNEITER, DEBORAH A. 14048 WATERVIEW DRIVE PENSACOLA FL	☒ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	D Richard D. White 16300 Perdido Key Dr. #16 Pensacola, FL 32507	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SDT SCHNEITER, GLENN H. 14048 WATERVIEW DRIVE PENSACOLA FL	☒ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	SDT Nancy C. White 16300 Perdido Key Dr. #16 Pensacola, FL 32507	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SARAJIAN, JANE 17283 PERDIDO KEY DR. PENSACOLA FL	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ELIZABETH TAYLOR 17351 PERDIDO KEY DR #4 PENSACOLA FL 32507	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD FOURNIER, JAMES P.O. BOX 34462 N/A PENSACOLA FL	☒ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	VD Gail Fournier PO Box 34462 N/A Pensacola, FL 32507	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD SARAJIAN, HARRY 17283 PERDIDIO KEY DR. PENSACOLA FL	☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (11/98)

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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED — 2/16/99 — 850 492-9178
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Nancy C. White