

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 719246

1. Entity Name

PERDIDO KEY ASSOCIATION, INCORPORATED

FILED

Mar 14, 2001 8:00 am
Secretary of State

03-14-2001 90506 031 ****61.25

Principal Place of Business

16560 PERDIDO
PENSACOLA FL 32507
US

Mailing Address

P O BOX 34001
PENSACOLA FL 32507
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

23-7156512

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

AYMOND, WALTER
16560 PERDIDO KEY DR
PENSACOLA FL 32507

Name

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

City

FL

Zip Code

8. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WHITE, RICHARD D 16300 PERDIDO KEY DR #16 PENSACOLA FL 32507	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BANSER, NOELLE 17119 PENDIDO KEY DR PENSACOLA FL 32507	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV AYMOND, WALTER JR 16560 PERDIDO KEY DR PENSACOLA FL 32507	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP ELIZABETH TAYLOR 17351 PERDIDO KEY DR #4 PENSACOLA FL 32507	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST FOURNIER, GAIL P.O. BOX 34462 N/A PENSACOLA FL 32507	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SARAJIAN, HARRY 17283 PERDIDIO KEY DR. PENSACOLA FL	☒ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT BANSER, ROBERT 17119 PERDIDO KEY DR. #A21 PENSACOLA FL 32507	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BANSER, NOELLE 17119 PERDIDO KEY DR. #A21 PENSACOLA FL 32507	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D AYMOND, WALTER JR 16560 PERDIDO KEY DR. PENSACOLA FL 32507	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV TAYLOR, ELIZABETH 17351 PERDIDO KEY DR. #4 PENSACOLA FL 32507	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DOMURAT TERESA 14407 PERDIDO KEY DR. PENSACOLA FL 32507	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS JOHN LAGRONE 14505 PERDIDO KEY DR. PENSACOLA FL 32507	☐ Change ☒ Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

BANSER, TREAS.

Date

2/26/01

(850) 492-2552

Daytime Phone #

CR2E037 (10/00)