

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 24, 2002 8:00 am
Secretary of State

03-24-2002 90021 033 *****61.25

DOCUMENT # 719246

1. Entity Name

PERDIDO KEY ASSOCIATION, INCORPORATED

Principal Place of Business

Mailing Address

16560 PERDIDO
 PENSACOLA FL 32507
 US

P O BOX 34001
 PENSACOLA FL 32507
 US

2. Principal Place of Business

3. Mailing Address

17119 PERDIDO KEY DR.

Suite, Apt. #, etc.

A21

Suite, Apt. #, etc.

City & State

PENSACOLA FL

City & State

4. FEI Number

23-7156512

Applied For

Not Applicable

Zip

32507

Country

USA

Zip

Country

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 **ROBERT J. BANSER**

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

17119 PERDIDO KEY DR. #A21

City

PENSACOLA

FL

Zip Code

32507

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 ROBERT J. BANSER, TREASURER 3/2/02

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 **DT** ☐ Delete
 NAME **BANSER, ROBERT**
 STREET ADDRESS **17119 PERDIDO KEY DR #A21**
 CITY-ST-ZIP **PENSACOLA FL 32507**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **DP** ☐ Delete
 NAME **BANSER, NOELLE**
 STREET ADDRESS **17119 PERDIDO KEY DR #A21**
 CITY-ST-ZIP **PENSACOLA FL 32507**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** ☒ Delete
 NAME **AYMOND, WALTER JR**
 STREET ADDRESS **16560 PERDIDO KEY DR**
 CITY-ST-ZIP **PENSACOLA FL 32507**

TITLE **D** ☐ Change ☒ Addition
 NAME **DOMURAT, RICHARD**
 STREET ADDRESS **14407 PERDIDO KEY DR.**
 CITY-ST-ZIP **PENSACOLA FL 32507**

TITLE **DV** ☐ Delete
 NAME **ELIZABETH TAYLOR**
 STREET ADDRESS **17351 PERDIDO KEY DR #4**
 CITY-ST-ZIP **PENSACOLA FL 32507**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** ☐ Delete
 NAME **DOMURAT, TERESA**
 STREET ADDRESS **14407 PERDIDO KEY DR.**
 CITY-ST-ZIP **PENSACOLA FL 32507**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **DS** ☐ Delete
 NAME **LAGRONE, JOHN**
 STREET ADDRESS **17283 PERDIDO KEY DR.**
 CITY-ST-ZIP **PENSACOLA FL 32507**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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:

ROBERT J. BANSER, TREASURER 3/2/02 (850) 492-2552

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)