2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 20, 2006 8:00 am
Secretary of State
03-20-2006 90017 020 ****61.25

DOCUMENT # 719246

1. Entity Name
PERDIDO KEY ASSOCIATION, INCORPORATED

50003585

Principal Place of Business	Mailing Address
10085 SOUTH LOOP RD. PENSACOLA, FL 32507 US	PO BOX 34001 PENSACOLA, FL 32507 US

02072006 Chg-NP CR2E037 (11/05)

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
EDDLEMAN, MELNA 10085 SOUTH LOOP RD. 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. I am familiar with, and accept the obligations of registered agent.

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

Filing Fee is $61.25 Due by May 1, 2006

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV REUPERT, PETER 15751 BOWLEGS REEF PENSACOLA, FL 32507	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D REUNERT, PETER 15751 Bowlegs Reef Pensacola, Fl 32507	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT WILLIAMS, DENT 17292 PERDIO KEY DR., #Q PENSACOLA, FL 32507	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP WILLIAMS, DENT 17292 Perdido Key Dr., #Q Pensacola, Fl 32507	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SKIPPER, ELIZABETH 14724 BOWLEGS REEF PENSACOLA, FL 32507	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV ROBERTSON, KELLY 224 Key Largo Place Pensacola, Fl 32507	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D EDDLEMAN, WILLIAM 10085 SOUTH LOOP RD PENSACOLA, FL 32507	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS Yaste, Bonnie 13403 Gongora Dr. Pensacola, Fl 32507	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HOFFMAN, CHARLES 4018 INDIGO PENSACOLA, FL 32507	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT HENDERSON, DAN 14071 Waterview Dr. Pensacola, Fl 32507	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS WILLIAMS, BETTY 7062 BELGIUM PENSACOLA, FL 32526	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DEAN, MAE 13396 Gongora Dr. Pensacola, Fl 32507	☐ Change ☒ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Dent Williams 3/14/06 850/492-0766
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

ATTACHMENT
500035-85
#719246

Section 10 - Continued

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(Change)

ANN GRIFFIN
15750 Perdido Key Dr.
Pensacola, Fl 32507