

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 719246

FILED
Apr 13, 2009
Secretary of State

Entity Name: PERDIDO KEY ASSOCIATION, INCORPORATED

Current Principal Place of Business:

10085 SOUTH LOOP RD.
PENSACOLA, FL 32507 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 34001
PENSACOLA, FL 32507 US

New Mailing Address:

FEI Number: 23-7156512

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

EDDLEMAN, MELNA
10085 SOUTH LOOP RD.
PENSACOLA, FL 32507 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DT () Delete
Name: DEBROW, NORMA
Address: 15752 PERDIDO KEY DR
City-St-Zip: PENSACOLA, FL 32507

Title: D () Delete
Name: DENNIS, ALAN
Address: 16401 PERDIDO KEY DR., # 305
City-St-Zip: PENSACOLA, FL 32507

Title: DV () Delete
Name: ROBERTSON, KELLY
Address: 224 KEY LARGO PLACE
City-St-Zip: PENSACOLA, FL 32507

Title: DP () Delete
Name: GRIFFIN, ANN
Address: 15750 PERDIDO KEY DR
City-St-Zip: PENSACOLA, FL 32507

Title: D () Delete
Name: HENDERSON, DAN
Address: 14071 WATERVIEW DR
City-St-Zip: PENSACOLA, FL 32507

Title: DS () Delete
Name: DEAN, MAE
Address: 13396 GONGORA DR
City-St-Zip: PENSACOLA, FL 32507

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANN GRIFFIN

DP

04/13/2009

Electronic Signature of Signing Officer or Director

Date