

# **2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 719246

**FILED**  
**Apr 09, 2012**  
**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  
**Name:** GRIFFIN, ANN  
**Address:** 15750 PERDIDO KEY DR  
**City-St-Zip:** PENSACOLA, FL 32507

**Title:** VP  
**Name:** DENNIS, ALAN  
**Address:** 16401 PERDIDO KEY DR., # 305  
**City-St-Zip:** PENSACOLA, FL 32507

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

**Title:** DP  
**Name:** STENDER, BOB  
**Address:** 13948 RIVER ROAD, # A3  
**City-St-Zip:** PENSACOLA, F 32507

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

I hereby 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 all other like empowered.

**SIGNATURE:** BOB STENDER

DP

04/09/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date