2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2009
Secretary of State

DOCUMENT# 725830

Entity Name: PERDIDO KEY COVES MAINTENANCE ASSOCIATION INC

Current Principal Place of Business:

15750 PERDIDO KEY DRIVE
PERDIDO KEY, FL 32507 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 34414
PENSACOLA, FL 32507 US

New Mailing Address:

FEI Number: 59-1575754 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GRIFFIN, WILLIAM
15750 PERDIDO KEY DRIVE
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:	P	( ) Delete
Name:	DEBROW, NORMA	
Address:	15752 PERDIDO KEY DRIVE	
City-St-Zip:	PENSACOLA, FL 32507	
Title:	V	( ) Delete
Name:	LANDRUM, CHARLES	
Address:	7245 FLOOD REEF	
City-St-Zip:	PENSACOLA, FL 32507	
Title:	S	( ) Delete
Name:	SHOOK, KATHY	
Address:	7202 CAPTAIN KIDD REEF	
City-St-Zip:	PENSACOLA, FL 32507	
Title:	T	( ) Delete
Name:	DOTY, RANDY	
Address:	7220 CAPTAIN KIDD REEF	
City-St-Zip:	PENSACOLA, FL 32507	
Title:	D	( ) Delete
Name:	PANAYIOTOU, ABIGAIL	
Address:	7243 CAPTAIN KIDD REEF	
City-St-Zip:	PENSACOLA, FL 32507	
Title:	D	( ) Delete
Name:	MERCER, JACK	
Address:	7242 FLOOD REEF	
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:	T	(X) Change ( ) Addition
Name:	MOORE, KEITH	
Address:	7204 CAPTAIN KIDD REEF	
City-St-Zip:	PENSACOLA, FL 32507	
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: NORMA DEBROW P 04/13/2009

Electronic Signature of Signing Officer or Director — Date