

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 08, 2005 8:00 am**  
**Secretary of State**

03-08-2005 90162 044 \*\*\*\*61.25

**DOCUMENT # 747151**

1. Entity Name  
**PORT SIDE VILLAS OWNERS ASSOCIATION, INC.**



Principal Place of Business

**1299 FT. PICKENS RD  
PENSACOLA BEACH, FL 32561 US**

Mailing Address

**P.O. BOX 1093  
GULF BREEZE, FL 32562 US**

40067001



02022005 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-1917887**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**KELIHER, JOHN  
2022 DOWNING DRIVE  
PENSACOLA, FL 32505**

**DO NOT WRITE  
IN THIS SPACE**

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, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**D  
KELIHER, JOHN  
2022 DOWNING DR  
PENSACOLA, FL 32505**

VP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**T  
FERACHI, PAUL  
17613 EAGLEWOOD DR.  
BATON ROUGE, LA 70810**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**D  
FOLSE, PAMELA  
2007 E. GADSEN, #304  
PENSACOLA, FL 32501**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**PD  
MCELLIGOTT, SCOTT  
334 RENA DRIVE  
LAFAYETTE, LA 70502**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**S  
SELIGMAN, ARNOLD  
2278 BROOKWOOD PLACE  
CANTONMENT, FL 32533**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**D  
DUNLAP, CAS  
5200 KELLER SPRINGS #1516  
DALLAS, TX 75248**

Pres

**DO NOT WRITE  
IN THIS SPACE**

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 another like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**John F. Keliher** **John F. Keliher** **3/1/05** **850-380-2277**

Date

Daytime Phone #