

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 747151

FILED
Mar 14, 2011
Secretary of State

Entity Name: PORT SIDE VILLAS OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

1299 FT. PICKENS RD
PENSACOLA BEACH, FL 32561 US

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 59-1917887 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

WATSON, LINDA
850 FT. PICKENS RD #410
PENSACOLA BEACH, FL 32561 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: TREA
Name: KELIHER, JOHN
Address: 2022 DOWNING DR
City-St-Zip: PENSACOLA, FL 32505

Title: VP
Name: THOMAS, NEWTON
Address: 8183 W. EL CAJON DR.
City-St-Zip: BATON ROUGE, LA 70815

Title: DIR
Name: SELIGMAN, ARNOLD
Address: 2278 BROOKWOOD PLACE
City-St-Zip: CANTONMENT, FL 32533

Title: PRES
Name: GILBREATH, KAREN
Address: 830 BAY CLIFFS RD
City-St-Zip: GULF BREEZE, FL 32561

Title: DIR
Name: FERACHI, PAUL
Address: 16819 AMBERWOOD DR
City-St-Zip: BATON ROUGE, LA 70810

Title: SECR
Name: COSTA, GREG
Address: 8709 PLAYERS FAIRWAY
City-St-Zip: MEMPHIS, TN 38125

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: KAREN GILBREATH

PRES

03/14/2011

Electronic Signature of Signing Officer or Director

Date