

5-13-97 B-7136 -C
FILE NOW: FILING FEE IS \$61.25

FILED
May 13 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **758463** (4)
1. Corporation Name
**THE SPINNAKER CONDOMINIUM ASSOCIATION OF PERDIDO
KEY, INC.**

Principal Place of Business
**14765 PERDIDO KEY DR.
PENSACOLA FL 32507**

Mailing Address
**10455 GULF BEACH HWY
PENSACOLA FL 32507-9115**

3. Date Incorporated or Qualified
05/21/1981

3a. Date of Last Report
03/20/1996

2. Principal Place of Business 21 14765 PERDIDO KEY DR	2a. Mailing Address 26 PO Box 34240
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State 23 PENSACOLA, FL	City & State 28 PENSACOLA, FL
Zip 24 32507	Zip 29 32507
Country 25 ESCAMBA	Country 30 ESCAMBA

4. FEI Number
72-1116314

Applied For
☐ Not Applicable

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

6. Election Campaign Financing
Trust Fund Contribution ☐ **\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ALEXANDER, BILL
C/O MENTORS REALTY, INC.
10455 GULF BEACH HWY
PENSACOLA FL 32507**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS	
TITLE	PD <input type="checkbox"/> DELETE
NAME	DEGRAVELLES, JR., P. J.
STREET ADDRESS	P. O. BOX 80918 NA
CITY-ST-ZIP	LAFAYETTE LA 70598
TITLE	VD <input type="checkbox"/> DELETE
NAME	PESSON, LYNN
STREET ADDRESS	5846 SO POLLARD PKWY
CITY-ST-ZIP	BATON ROUGE LA 72040
TITLE	STD <input type="checkbox"/> DELETE
NAME	MCFOE, CAROLYN
STREET ADDRESS	3985 HIDDEN OAKS DR
CITY-ST-ZIP	PENSACOLA FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment to this report.

SIGNATURE:

Carolee M. Mortham
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # **0072980**

CR2E037 (9/96)