

**FILE NOW: FILING FEE IS \$61.25**

**FILED**  
**Jan 16 1998 8:00am**  
**Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
---	---	---

**DOCUMENT # 759626 (5)**  
 1. Corporation Name  
**THE MOORINGS OF PERDIDO KEY, INC.**



Principal Place of Business 14407 PERDIDO KEY DR #2B PENSACOLA FL 32507	Mailing Address 14407 PERDIDO KEY DR #2B PENSACOLA FL 32507
---	---

3. Date Incorporated or Qualified  
**08/14/1981**

4. FEI Number  
**58-1692783**

Applied For  
 Not Applicable

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
---	--

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

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

7. Is this nonprofit corporation a homeowners association?  
 Yes  No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No **NA**

9. Name and Address of Current Registered Agent

**DOMURAT, R. F.**  
**THE MOORINGS, UNIT 2B**  
**14407 PERDIDO KEY DRIVE**  
**PENSACOLA FL 32507-9550**

10. Name and Address of New Registered Agent

81 Name  
 82 Street Address (P.O. Box Number is Not Acceptable)  
 83  
 84 City **FL** 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS	
TITLE	PD <input type="checkbox"/> DELETE
NAME	THOMSON, MARY BETH
STREET ADDRESS	305 MAIN STREET
CITY-ST-ZIP	FRANKLIN LA 79538
TITLE	VASD <input type="checkbox"/> DELETE
NAME	MCCRACKEN, JOHN B.
STREET ADDRESS	1411 BONITA AVENUE
CITY-ST-ZIP	BREWTON AL 36426
TITLE	SD <input type="checkbox"/> DELETE
NAME	DOMURAT, RICHARD F.
STREET ADDRESS	UNIT 2B, 14407 PERDIDO KEY DRIVE
CITY-ST-ZIP	PENSACOLA FL 32507-9550
TITLE	TD <input type="checkbox"/> DELETE
NAME	DOMURAT, TERESA CLAIRE
STREET ADDRESS	14407 PERDIDO KEY DR., UNIT 2B
CITY-ST-ZIP	PENSACOLA FL 32507-9550
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 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 with an address.

SIGNATURE: *Mrs. Claire Domurat* **TERESA C. DOMURAT** 1/5/98 850 492 9940

CR2E037 (10/97)