

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 759626

1. Entity Name
THE PALMS OF PERDIDO OWNERS' ASSOCIATION, INC.



FILED
Jan 12, 2004 08:00 AM
Secretary of State

Principal Place of Business
14407 PERDIDO KEY DR #2B
PENSACOLA, FL 32507

Mailing Address
14407 PERDIDO KEY DR #2B
PENSACOLA, FL 32507



01062004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

| | |
|--|-------------------------------|
| 4. FEI Number 58-1692783 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

6. Name and Address of Current Registered Agent

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

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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, 2004**

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 | PD THOMSON, MARY BETH 305 MAIN STREET FRANKLIN, LA 79538 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VASD MCCRACKEN, JOHN B. 1411 BONITA AVENUE BREWTON, AL 36426 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD DOMURAT, RICHARD F. UNIT 2B, 14407 PERDIDO KEY DRIVE PENSACOLA, FL 325079550 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD DOMURAT, TERESA CLAIRE 14407 PERDIDO KEY DR., UNIT 2B PENSACOLA, FL 325079550 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

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01/13/04-80058-005 61.25

**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 all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Teresa C. Domurat *Treas.*

1/7/04

8504929940

*Director Date

Daytime Phone #