

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 765875

1. Entity Name

PERDIDO SHORES CONDOMINIUM ASSOCIATION, INC.

FILED
Mar 30, 2000 8:00 am
Secretary of State

03-30-2000 90037 021 ****61.25

Principal Place of Business

Mailing Address

13887 C PERDIDO KEY DR.
PENSACOLA FL 32507

P.O. BOX 34155
PENSACOLA FL 32507-4155

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2979225

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

VIGEANT, SUSAN
13887 C PERDIDO KEY DR
PENSACOLA FL 32507

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:

FEE IS \$61.25 ✓

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete
NAME JONES, C. R
STREET ADDRESS 611 N BARCELONA ST
CITY-ST-ZIP PENSACOLA FL

TITLE ☒ Change ☐ Addition
NAME D
STREET ADDRESS
CITY-ST-ZIP

TITLE VD ☐ Delete
NAME WIDHALM, SUSAN
STREET ADDRESS 13887 D PERDIDO KEY DR
CITY-ST-ZIP PENSACOLA FL 32507

TITLE ☒ Change ☐ Addition
NAME PD
STREET ADDRESS
CITY-ST-ZIP

TITLE ST ☐ Delete
NAME VIGEANT, SUSAN
STREET ADDRESS 13887 C PERDIDO KEY DR.
CITY-ST-ZIP PENSACOLA FL 32507

TITLE ☒ Change ☐ Addition
NAME D
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☒ Delete
NAME YOUNG, JACK
STREET ADDRESS 13893 PERDIDO KEY DR #H
CITY-ST-ZIP PENSACOLA FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME JACKIE GOLD
STREET ADDRESS 5570 JAGUELYN CT
CITY-ST-ZIP NEW ORLEANS, LA 70124

TITLE ☐ Change ☒ Addition
NAME T
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME BRADLEY PROCTOR
STREET ADDRESS 1810 E. BLOUNT ST
CITY-ST-ZIP PENSACOLA, FL 32503

TITLE ☐ Change ☒ Addition
NAME S
STREET ADDRESS
CITY-ST-ZIP

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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/24/2000

850-492-7815

Daytime Phone #

CR2E037 (9/99)