

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 27, 2003 8:00 am
Secretary of State

1/2

01-27-2003 90526 032 ****61.25

DOCUMENT # 765875

1. Entity Name
PERDIDO SHORES CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
**13887 C PERDIDO KEY DR.
PENSACOLA FL 32507**

Mailing Address
**P.O. BOX 34155
PENSACOLA FL 32507**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2979225**

Applied For

Not Applicable

Zip

Country

Zip

Country

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. 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

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** Delete
NAME **JONES, C. R.**
STREET ADDRESS **811 N BARCELONA ST**
CITY-ST-ZIP **PENSACOLA FL**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **T** Delete
NAME **GOLD, JACKIE**
STREET ADDRESS **5570 JACQUELYN CT**
CITY-ST-ZIP **NEW ORLEANS LA 70124**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** Delete
NAME **GOLD, JACKIE**
STREET ADDRESS **5570 JACQUELYN CT**
CITY-ST-ZIP **NEW ORLEANS, LA 70124**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE Change Addition
NAME
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:

C. R. Jones
C. R. Jones

1/18/03

850
438-9686

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/02)