

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000007378

FILED
Apr 15, 2009
Secretary of State

Entity Name: THE PALACIO AT PERDIDO OWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

C/O RESORTQUEST
13661 PERDIDO KEY DRIVE
PENSACOLA, FL 32507

New Principal Place of Business:

Current Mailing Address:

546 MARY ESTHER CUT-OFF STE 3
FORT WALTON BEACH, FL 32548

New Mailing Address:

FEI Number: 90-0050438

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NEWMAN, RAYMOND F JR
348 MIRACLE ST PARKWAY SW
UNIT 7
FORT WALTON BEACH, FL 32548 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: FUGLER, MICHAEL R
Address: 13661 PARDIDO KEY DRIVE UNIT PH1
City-St-Zip: PENSACOLA, FL 32507

Title: DV () Delete
Name: MILLER, ROY
Address: 3669 SANDHILL DRIVE
City-St-Zip: CONYERS, GA 30094

Title: D () Delete
Name: KIM, RON
Address: 568 STABLE CREEK COVE
City-St-Zip: EADS, TN 38028

Title: DP () Delete
Name: CROWLEY, TOMMY
Address: 2408 HERITAGE DRIVE
City-St-Zip: OPELIKA, AL 36804

Title: DST () Delete
Name: KIING, TERRY
Address: 15 FAIRVIEW WAY
City-St-Zip: HAMMOND, LA 70401

Title: D () Delete
Name: GLADSTONE, NEIL
Address: 5820 HEARDS FOREST DR
City-St-Zip: ATLANTA, GA 30328

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROGER FELDMAN

CAM

04/15/2009

Electronic Signature of Signing Officer or Director

Date