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CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 13 PM 2:24

DOCUMENT # N01041 (5)

1. Corporation Name
THE BEACH AND YACHT CLUB AT PERDIDO KEY OWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
16790 PERDIDO KEY DRIVE PENSCOLA FL 32507-9324	16790 PERDIDO KEY DRIVE PENSCOLA FL 32507-9324

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/23/1984
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-2625303 ☐ Applied For ☐ Not Applicable
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. Nonprofit with IRS 501(c)(3) Tax Exempt Status $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

REED, THOMAS P.A.
107 NO. PALAFOX ST.
PENSACOLA FL 32501

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	☐ Change ☐ Addition
NAME	PEARCE, THOMAS	1.2 NAME	
STREET ADDRESS	4 OFFICE PARK CIRCLE #113	1.3 STREET ADDRESS	
CITY-ST-ZIP	BIRMINGHAM AL 35223	1.4 CITY-ST-ZIP	
TITLE	S	2.1 TITLE	☐ Change ☐ Addition
NAME	MANSHEL, STEVEN	2.2 NAME	
STREET ADDRESS	7523 GARNET ST	2.3 STREET ADDRESS	
CITY-ST-ZIP	NEW ORLEANS LA 70124	2.4 CITY-ST-ZIP	
TITLE	T	3.1 TITLE	☐ Change ☐ Addition
NAME	TAYLOR, JAMES	3.2 NAME	
STREET ADDRESS	104 SOUTH RIDGE RD	3.3 STREET ADDRESS	
CITY-ST-ZIP	ANDALUSIA AL 36420	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	☐ Change ☐ Addition
NAME	MIXON, BOB	4.2 NAME	
STREET ADDRESS	117 BEDFORD RD.	4.3 STREET ADDRESS	
CITY-ST-ZIP	HATTIESBURG MS 39401	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	MCMILLAN, ROY	5.2 NAME	
STREET ADDRESS	16795 PERDIDO KEY DR. #504B	5.3 STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL 32507	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	☐ Change ☐ Addition
NAME	DRAKE, N.A.	6.2 NAME	
STREET ADDRESS	1421 HIGHLAND PARK DR.	6.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSON MS 39211	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 all other like empowered.

SIGNATURE: Thomas P. Pearce 1-23-95 904-492-3522
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL Date Daytime Phone #

0021320