

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

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  
PENSACOLA FL 32507-9324**

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PENSACOLA FL 32507-9324**



3. Date Incorporated or Qualified <b>01/23/1984</b>	3a. Date of Last Report <b>02/13/1995</b>
4. FEI Number <b>59-2625303</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Country
24	25
29	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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P PEARCE, THOMAS 4 OFFICE PARK CIRCLE #113 BIRMINGHAM AL 35223 <input checked="" type="checkbox"/> DELETE	1.1 TITLE	P TAYLOR, JAMES 104 SOUTH RIDGE RD. ANDALUSIA, AL. 36420 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	S MANSEL, STEVEN 7523 GARNET ST NEW ORLEANS LA 70124 <input type="checkbox"/> DELETE	2.1 TITLE	S BOORDMAN, JOE 201 4TH STREET GULFPORT, MS. 39507 <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	T TAYLOR, JAMES 104 SOUTH RIDGE RD ANDALUSIA AL 36420 <input type="checkbox"/> DELETE	3.1 TITLE	T MANSEL, STEVEN 7523 GARNET ST. NEW ORLEANS, LA. 70124 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	D MIXON, BOB 117 BEDFORD RD. HATTIESBURG MS 39401 <input checked="" type="checkbox"/> DELETE	4.1 TITLE	D JONES, GENE 4882 VILLAGE CREEK DR. DUNWOODY, GA. 30328 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	D MCMILLAN, ROY 16795 PERDIDO KEY DR. #504B PENSACOLA FL 32507 <input type="checkbox"/> DELETE	5.1 TITLE	D ROBBINS, HARVEY 1748 MOUNTAIN VIEW W. TUSCUMBIA, AL. 35674 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	D DRAKE, N.A. 1421 HIGHLAND PARK DR. JACKSON MS 39211 <input checked="" type="checkbox"/> DELETE	6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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)(k), 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 in an attachment with an address.

SIGNATURE:

*James P. Taylor*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-7-96 904-492-3522  
Date Daytime Phone #

CR2E037 (3/96)