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FILED

Jan 21 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA 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

16790 PERDIDO KEY DRIVE
PENSACOLA FL 32507-9324

Mailing Address

16790 PERDIDO KEY DRIVE
PENSACOLA FL 32507-93243. Date Incorporated or Qualified
01/23/19843a. Date of Last Report
06/18/1996

2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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** ☐ DELETE
NAME **TAYLOR, JAMES**
STREET ADDRESS **104 SOUTH RIDGE RD.**
CITY-ST-ZIP **ANDALUSA AL**1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIPTITLE **S** ☐ DELETE
NAME **MANSHIEL, STEVEN**
STREET ADDRESS **7523 GARNET ST**
CITY-ST-ZIP **NEW ORLEANS LA 70124**2.1 TITLE ☒ Change ☐ Addition
2.2 NAME **T MANSHIEL STEVEN**
2.3 STREET ADDRESS **7523 GARNET ST**
2.4 CITY-ST-ZIP **NEW ORLEANS, LA 70124**TITLE **T** ☒ DELETE
NAME **TAYLOR, JAMES**
STREET ADDRESS **104 SOUTH RIDGE RD**
CITY-ST-ZIP **ANDALUSIA AL 36420**3.1 TITLE ☒ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIPTITLE **S** ☐ DELETE
NAME **BOARDMAN, JOE**
STREET ADDRESS **201 48TH ST.**
CITY-ST-ZIP **GULFPORT MS**4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIPTITLE **D** ☐ DELETE
NAME **MCMILLAN, ROY**
STREET ADDRESS **16795 PERDIDO KEY DR. #504B**
CITY-ST-ZIP **PENSACOLA FL 32507**5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIPTITLE **T** ☒ DELETE
NAME **MANSHIEL, STEVEN**
STREET ADDRESS **7523 GARNET ST.**
CITY-ST-ZIP **NEW ORLEANS LA**6.1 TITLE ☐ Change ☒ Addition
6.2 NAME **LINDY PEARSON**
6.3 STREET ADDRESS **3508 CRESTBROOK RD.**
6.4 CITY-ST-ZIP **BIRMINGHAM, AL 35223**

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0073013

CR2E037 (9/96)