


FILE NOW: FILING FEE IS \$61.25

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Apr 15 1997 8:00am  
Secretary of State

<b>NONPROFIT CORPORATION ANNUAL REPORT 1997</b>				FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT #</b> <span style="font-size: 1.5em;">ND1041</span> 1. Corporation Name <b>THE BEACH AND YACHT CLUB AT PERDIDO KEY OWNERS ASSOCIATION, INC.</b>					
Principal Place of Business <b>16790 Perdido Key Drive</b> <b>Pensacola, FL 32507-9324</b>			Mailing Address _____		
2. Principal Place of Business <b>21 16790 Perdido Key Dr.</b>		2a. Mailing Address <b>26</b>		3. Date Incorporated or Qualified <b>3a. Date of Last Report</b>	
Suite, Apt. #, etc. <b>22</b>		Suite, Apt. #, etc. <b>27</b>		4. FEI Number <b>59-2625303</b>	
City & State <b>23 Pensacola, FL</b>		City & State <b>28</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
Zip <b>24 32507</b>		Country <b>25 USA</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
Zip <b>29</b>		Country <b>30</b>		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent <b>Thomas Reed</b> <b>107 N. Palafox Street</b> <b>Pensacola, FL 32501</b>			10. Name and Address of New Registered Agent <b>81 Name Fletcher Fleming</b> <b>82 Street Address (P.O. Box Number is Not Acceptable) 226 S. Palafox Street, 9th Floor</b> <b>83 Seville Tower</b> <b>84 City Pensacola FL 85 Zip Code 32501</b>		
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 <i>Fletcher Fleming</i> <span style="float: right;">March 28, 1997</span> <small>Signature, typed or printed name of registered agent and state if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY - ST - ZIP <b>President James Taylor</b> <b>104 S. Ridge Rd.</b> <b>Andalusia, AL 36420</b>			1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP		
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY - ST - ZIP <b>Treasurer Stephen Manshel</b> <b>7523 Garnet St.</b> <b>New Orleans, LA 70124</b>			2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP		
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY - ST - ZIP <b>Secretary Joe Boardman</b> <b>201 48th St.</b> <b>Gulfport, MS 39507</b>			3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP		
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY - ST - ZIP <b>Director Lindy Pearson</b> <b>3508 Crestbrook Rd.</b> <b>Birmingham, AL 35223</b>			4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP		
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY - ST - ZIP <b>Director Harvey Robbins</b> <b>515 Wilhite</b> <b>Florence, AL 35630</b>			5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP		
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY - ST - ZIP <b>Director Roy McMillan</b> <b>184 Reinhard Ave.</b> <b>Columbus, OH 43206</b>			6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP		
14. I do 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 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: <i>James M. Taylor</i> <span style="float: right;">4 Apr 97 334 222 6534</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

CR2E037 (9/96)