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Mar 05 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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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 32507-9324
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent FLEMING, FLETCHER 226 S. PALAFOX STREET 9TH FLOOR SEVILLE TOWER PENSACOLA FL 32501	
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3. Date Incorporated or Qualified 01/23/1984	
4. FEI Number 59-2625303	Applied For <input type="checkbox"/> Not Applicable

5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	P <input checked="" type="checkbox"/> DELETE
NAME	TAYLOR, JAMES
STREET ADDRESS	104 SOUTH RIDGE RD.
CITY-ST-ZIP	ANDALUSA AL
TITLE	T <input type="checkbox"/> DELETE
NAME	MANSHIEL, STEVEN
STREET ADDRESS	7523 GARNET ST
CITY-ST-ZIP	NEW ORLEANS LA
TITLE	S <input type="checkbox"/> DELETE
NAME	BOARDMAN, JOE
STREET ADDRESS	201 48TH ST.
CITY-ST-ZIP	GULFPORT MS
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	McMILLAN, ROY
STREET ADDRESS	184 REINHARD AVENUE
CITY-ST-ZIP	COLUMBUS OH 43208
TITLE	D <input type="checkbox"/> DELETE
NAME	LINDY PEARSON
STREET ADDRESS	3508 CRESTBROOK RD.
CITY-ST-ZIP	BIRMINGHAM AL
TITLE	D <input type="checkbox"/> DELETE
NAME	ROBBINS, HARVEY
STREET ADDRESS	515 WHILHITE
CITY-ST-ZIP	FLORENCE AL 35630

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Lindy Pearson
1.3 STREET ADDRESS	3508 Crestbrook Road
1.4 CITY-ST-ZIP	Birmingham, AL. 35223
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Mac Wagnon
4.3 STREET ADDRESS	2001 Park Place Ste 1400
4.4 CITY-ST-ZIP	Birmingham, AL. 35203
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Cappie Stahlman
5.3 STREET ADDRESS	P.O. Box 18609
5.4 CITY-ST-ZIP	Natchez Ms. 39122
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 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: _____ 2-16-98 85-16-98-3522

CP2E037 (10/97)