


FILE NOW: FILING FEE IS \$61.25

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Feb 21, 1999 8:00 am
Secretary of State

02-21-1999 90045 016 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N01041					
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		
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country		3. Date Incorporated or Qualified 01/23/1984 4. FEI Number 59-2625303 Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		6. Election Campaign Financing <input type="checkbox"/>		\$8.75 Additional Fee Required \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent FLEMING, FLETCHER 226 S. PALAFOX STREET 9TH FLOOR SEVILLE TOWER 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
12. OFFICERS AND DIRECTORS					
TITLE	P	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	P.	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PEARSON, LINDY		1.2 NAME	NICKY DRAKE	
STREET ADDRESS	3508 CRESTBROOK ROAD		1.3 STREET ADDRESS	1421 HIGHLAND PARK DR	
CITY-ST-ZIP	BIRMINGHAM AL 35223		1.4 CITY-ST-ZIP	JACKSON, MS 39211	
TITLE	T	<input type="checkbox"/> DELETE	2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MANSHIEL, STEVEN		2.2 NAME		
STREET ADDRESS	7523 GARNET ST		2.3 STREET ADDRESS		
CITY-ST-ZIP	NEW ORLEANS LA		2.4 CITY-ST-ZIP		
TITLE	S	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	S	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BOARDMAN, JOE		3.2 NAME	MACBETH WAGNON	
STREET ADDRESS	201 48TH ST.		3.3 STREET ADDRESS	2001 PARK PLACE	
CITY-ST-ZIP	GULFPORT MS		3.4 CITY-ST-ZIP	SUITE 1400	
TITLE	D	<input type="checkbox"/> DELETE	4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WAGNON, MAC		4.2 NAME	SUSAN NORMAN	
STREET ADDRESS	2001 PARK PLACE, STE 1400		4.3 STREET ADDRESS	16795 PERDIDO KEY DR. 1003B	
CITY-ST-ZIP	BIRMINGHAM AL 35203		4.4 CITY-ST-ZIP	PENSACOLA, FL 32507	
TITLE	D	<input checked="" type="checkbox"/> DELETE	5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LINDY PEARSON		5.2 NAME	BOBBY SHEPHERD	
STREET ADDRESS	3508 CRESTBROOK RD.		5.3 STREET ADDRESS	3581 RIVER BEND RD.	
CITY-ST-ZIP	BIRMINGHAM AL		5.4 CITY-ST-ZIP	BIRMINGHAM, AL 35243	
TITLE	D	<input checked="" type="checkbox"/> DELETE	6.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROBBINS, HARVEY		6.2 NAME	CAPPY STAHLMAN	
STREET ADDRESS	515 WHILHITE		6.3 STREET ADDRESS	P.O. Box 18609	
CITY-ST-ZIP	FLORENCE AL 35630		6.4 CITY-ST-ZIP	NATCHEZ, MS 39122	

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, with all other like empowered.

SIGNATURE: *[Signature]* **UNRECORDED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-7-99

Date

850-492-3522

Daytime Phone #

CR2E037 (11/98)