

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jan 29, 2004 8:00 am**  
**Secretary of State**

01-29-2004 90086 022 \*\*\*\*61.25

**DOCUMENT # N01041**

1. Entity 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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-2625303**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FLEMING, FLETCHER  
226 S. PALAFOX STREET 9TH FLOOR  
SEVILLE TOWER  
PENSACOLA FL 32501**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **D** ☒ Delete  
NAME **HUGHES, WILLIAM**  
STREET ADDRESS **3300 EVERGREEN HILL**  
CITY-ST-ZIP **MONTGOMERY AL 36106**

TITLE **V** ☐ Delete  
NAME **LOFLIN, WES**  
STREET ADDRESS **P. O. BOX 4787**  
CITY-ST-ZIP **MONROE LA 71211**

TITLE **P** ☐ Delete  
NAME **CHAIN, BOBBY**  
STREET ADDRESS **312 SIXTH AVE**  
CITY-ST-ZIP **HATTIESBURG MS 39401**

TITLE **S** ☐ Delete  
NAME **MORGAN, CECIL**  
STREET ADDRESS **3090 OVERHILL DRIVE**  
CITY-ST-ZIP **BIRMINGHAM AL 35223**

TITLE **T** ☐ Delete  
NAME **STRICKLAND, MORRIS**  
STREET ADDRESS **3630 PERRARAN RD**  
CITY-ST-ZIP **OCEAN SPRINGS MS 39564**

TITLE **D** ☐ Delete  
NAME **WARR, BILLY**  
STREET ADDRESS **PO BOX 9693**  
CITY-ST-ZIP **JACKSON MS 39286**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **Treasurer** ☐ Change ☒ Addition  
NAME **Creed Spann**  
STREET ADDRESS **132 Blue Heron Drive**  
CITY-ST-ZIP **Hot Springs, AR 71913**

TITLE **President** ☒ Change ☐ Addition  
NAME **Wes Loflin**

TITLE **Director** ☒ Change ☐ Addition  
NAME **Bobby Chain**

TITLE ☐ Change ☐ Addition  
NAME

TITLE **Vice President** ☒ Change ☐ Addition  
NAME **Morris Strickland**

TITLE ☒ Change ☐ Addition  
NAME **Billy Ware**

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Wes Loflin Pres.*

*1/29/04*

*Wes Loflin*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #