

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 07, 2008 8:00 am**  
**Secretary of State**

04-07-2008 90022 032 \*\*\*\*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 - No P.O. Box #

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**

1st MOORE

CR2E037 (10/07)

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 constituting)

DATE

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2008**

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          | T                              | <input checked="" type="checkbox"/> Delete |
| NAME           | SOLOMON, GARY                  |                                            |
| STREET ADDRESS | 302 WEST WILLIAM DAVID PARKWAY |                                            |
| CITY- ST- ZIP  | METairie LA 70005              |                                            |
| TITLE          | P                              | <input type="checkbox"/> Delete            |
| NAME           | LOFLIN, WES                    |                                            |
| STREET ADDRESS | P. O. BOX 4787                 |                                            |
| CITY- ST- ZIP  | MONROE LA 71211                |                                            |
| TITLE          | D                              | <input type="checkbox"/> Delete            |
| NAME           | WARREN, NANCY                  |                                            |
| STREET ADDRESS | 44 ENGLISH TURN DRIVE          |                                            |
| CITY- ST- ZIP  | NEW ORLEANS LA 70131           |                                            |
| TITLE          | S                              | <input checked="" type="checkbox"/> Delete |
| NAME           | MORGAN, CECIL                  |                                            |
| STREET ADDRESS | 3090 OVERHILL DRIVE            |                                            |
| CITY- ST- ZIP  | BIRMINGHAM AL 35223            |                                            |
| TITLE          | D                              | <input type="checkbox"/> Delete            |
| NAME           | STRICKLAND, MORRIS             |                                            |
| STREET ADDRESS | 3630 PERRYMAN RD               |                                            |
| CITY- ST- ZIP  | OCEAN SPRINGS MS 39564         |                                            |
| TITLE          | D                              | <input type="checkbox"/> Delete            |
| NAME           | MOTE, STEVE                    |                                            |
| STREET ADDRESS | 716 CHASE BROOK CIRCLE         |                                            |
| CITY- ST- ZIP  | BIRMINGHAM AL 35244            |                                            |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

|                |                      |                                                                              |
|----------------|----------------------|------------------------------------------------------------------------------|
| TITLE          | D                    | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | Ann Miano            |                                                                              |
| STREET ADDRESS | 264 Clermont Drive   |                                                                              |
| CITY- ST- ZIP  | Homewood, AL 35209   |                                                                              |
| TITLE          |                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                      |                                                                              |
| STREET ADDRESS |                      |                                                                              |
| CITY- ST- ZIP  |                      |                                                                              |
| TITLE          |                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                      |                                                                              |
| STREET ADDRESS |                      |                                                                              |
| CITY- ST- ZIP  |                      |                                                                              |
| TITLE          | Sec/Treas            | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | Gibson Lanier        |                                                                              |
| STREET ADDRESS | 3004 Ashbury Lane    |                                                                              |
| CITY- ST- ZIP  | Birmingham, AL 35243 |                                                                              |
| TITLE          |                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                      |                                                                              |
| STREET ADDRESS |                      |                                                                              |
| CITY- ST- ZIP  |                      |                                                                              |
| TITLE          |                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                      |                                                                              |
| STREET ADDRESS |                      |                                                                              |
| CITY- ST- ZIP  |                      |                                                                              |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:**

*[Signature]*

3/25/08

850-492-1070